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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

262 DANNY THOMAS PLACERoom/suite

City or town, state or province, country, and ZIP or foreign postal code

MEMPHIS, TN 381053678

F Name and address of principal officer

JAMES R DOWNING
262 DANNY THOMAS PLACE
MEMPHIS, TN 381053678

D Employer identification number

62-0646012

E Telephone number

(901) 595-3903

G Gross receipts \$ 1,108,891,351

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW STJUDE ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1959

M State of legal domicile TN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

PAT KEEL SVP, CAO AND CFO

Type or print name and title

2020-07-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN SUITE 400

Phone no (615) 259-1800

NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | | | | | |
|-----------|----------------------|-------------|------------------------|-------------------------|---------------|
| 4a | (Code) (Expenses \$ | 490,685,639 | including grants of \$ | 1,291,319) (Revenue \$ | 113,964,801) |
| | See Additional Data | | | | |

| | | | | | |
|-----------|----------------------|-------------|------------------------|-----------------------|---|
| 4b | (Code) (Expenses \$ | 436,938,714 | including grants of \$ | 246,700) (Revenue \$ |) |
| | See Additional Data | | | | |

| | | | | | |
|-----------|----------------------|------------|------------------------|---------------|---|
| 4c | (Code) (Expenses \$ | 29,338,061 | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |

| | | | | | |
|-----------|--|--|------------------------|---------------|---|
| 4d | Other program services (Describe in Schedule O) | | | | |
| | (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |

| | | |
|-----------|---|-------------|
| 4e | Total program service expenses ▶ | 956,962,414 |
|-----------|---|-------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|-----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----|-------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1,352 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

| | | | | | | |
|--|--|-----------|-------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 5,440 | 2b | Yes | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | 4a | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | |
| | | | | 8 | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a Gross income from members or shareholders | | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | 13b | | |
| c Enter the amount of reserves on hand | | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | | No |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 44 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 41 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Yes | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | | No |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|----------------|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a Yes | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b Yes | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a Yes | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a Yes | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b Yes | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c Yes | |
| 13 Did the organization have a written whistleblower policy? | 13 Yes | |
| 14 Did the organization have a written document retention and destruction policy? | 14 Yes | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a Yes | |
| b Other officers or key employees of the organization | 15b Yes | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: TN

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ SHARON HENDRIX 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 (901) 595-3903

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

| | | | |
|--|-----------|---------|-----------|
| 1b Sub-Total | | | |
| c Total from continuation sheets to Part VII, Section A | | | |
| d Total (add lines 1b and 1c) | 9,726,250 | 840,195 | 1,211,673 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,006

| | | Yes | No |
|----------|---|--------------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| FLINTCO LLC 2179 HILLSHIRE CIRCLE MEMPHIS, TN 38133 | CONSTRUCTION CONTRACTOR | 93,282,711 |
| CS3 INC 8634 LADURL DRIVE BARTLETT, TN 38133 | GENERAL CONTRACTOR | 7,676,755 |
| BELZ CONSTRUCTION SERVICES 100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103 | CONSTRUCTION CONTRACTOR | 7,621,080 |
| METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE MEMPHIS, TN 38104 | MEDICAL SERVICES | 6,601,217 |
| MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | SOFTWARE SUPPORT | 6,424,547 |

| | |
|--|--|
| <p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 270</p> | |
|--|--|

Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | | |
|---|--|--|---|---|----------------------------------|---|------------|----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues . . . | 1b | | | | | |
| | c | Fundraising events . . . | 1c | | | | | |
| | d | Related organizations | 1d | 865,122,365 | | | | |
| | e | Government grants (contributions) | 1e | 93,978,570 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 15,657,312 | | | | |
| | g | Noncash contributions included in lines 1a - 1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | 974,758,247 | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | PATIENT CARE | 621110 | 109,172,619 | 109,172,619 | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | _____ | | | | | | |
| | e | _____ | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | 109,172,619 | | | | | |
| Other Revenue | 3 | | Investment income (including dividends, interest, and other similar amounts) | 11,974 | | | 11,974 | |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | | Royalties | 14,721,431 | | | 14,721,431 | |
| | 6a | (i) Real | (ii) Personal | | | | | |
| | | Gross rents | | | | | | |
| | | b Less rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | (i) Securities | (ii) Other | | | | | |
| | | Gross amount from sales of assets other than inventory | 298,814 | | | | | 54,586 |
| | | b Less cost or other basis and sales expenses | 240,612 | | | | | 681,608 |
| | | c Gain or (loss) | 58,202 | | | | | -627,022 |
| | d | Net gain or (loss) | | -568,820 | -627,022 | | 58,202 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b Less cost of goods sold | b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | CAFETERIA/VENDING | 722514 | 4,454,476 | | | 4,454,476 | | |
| b | CHGME/CHCA | 900099 | 2,344,673 | 2,344,673 | | | | |
| c | HHMI | 900099 | 363,869 | 363,869 | | | | |
| d | All other revenue | | 2,710,662 | 2,710,662 | | | | |
| e | Total. Add lines 11a-11d | | 9,873,680 | | | | | |
| 12 | Total revenue. See Instructions | | 1,107,969,131 | 113,964,801 | 0 | 19,246,083 | | |

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,538,019 | 1,538,019 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 5,957,031 | 3,388,304 | 2,568,727 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 705,647 | 705,647 | | |
| 7 Other salaries and wages. | 417,581,913 | 386,631,522 | 30,950,391 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 25,959,964 | 24,035,860 | 1,924,104 | |
| 9 Other employee benefits. | 66,802,869 | 61,851,565 | 4,951,304 | |
| 10 Payroll taxes. | 28,741,977 | 26,611,675 | 2,130,302 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 28,661,610 | 26,611,090 | 2,050,520 | |
| b Legal. | 1,517,331 | 1,408,778 | 108,553 | |
| c Accounting. | 202,470 | 187,985 | 14,485 | |
| d Lobbying. | 84,368 | | 84,368 | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 99,709,207 | 86,684,812 | 13,024,395 | |
| 12 Advertising and promotion. | 906,842 | 841,964 | 64,878 | |
| 13 Office expenses. | 2,629,666 | 2,588,790 | 40,876 | |
| 14 Information technology. | 36,721,571 | 34,094,423 | 2,627,148 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 34,371,101 | 29,213,940 | 5,157,161 | |
| 17 Travel. | 14,879,075 | 14,052,143 | 826,932 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 1,588,699 | 1,171,854 | 416,845 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 90,990,394 | 80,942,881 | 10,047,513 | |
| 23 Insurance. | 1,742,428 | 1,226,920 | 515,508 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a PHARMACEUTICAL SUPPLIES | 60,477,062 | 59,536,996 | 940,066 | |
| b LABORATORY SUPPLIES | 51,359,042 | 50,560,708 | 798,334 | |
| c UBI TAXES | 93,875 | 0 | 93,875 | |
| d ALLOCATION ADJUSTMENTS | 0 | 20,883,545 | -20,883,545 | |
| e All other expenses | 48,220,140 | 42,192,993 | 6,027,147 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,021,442,301 | 956,962,414 | 64,479,887 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|---|---------------|--------------------------|---------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | | 1,110,291 | 1 | 4,118,944 | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 22,491,694 | 3 | 29,362,954 | |
| | 4 | Accounts receivable, net | | 21,703,486 | 4 | 21,028,537 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | 7,732,327 | 8 | 9,042,686 | |
| | 9 | Prepaid expenses and deferred charges | | 13,941,837 | 9 | 19,016,975 | |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 1,678,400,886 | | | |
| | b | Less: accumulated depreciation | 10b | 915,173,701 | 669,110,408 | 10c | 763,227,185 |
| | 11 | Investments—publicly traded securities | | 2,222,796 | 11 | 2,370,565 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 4,695,858,063 | 15 | 5,366,070,585 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 5,434,170,902 | 16 | 6,214,238,431 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 112,276,799 | 17 | 137,164,440 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 15,399,715 | 19 | 14,186,821 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 3,621,636 | 25 | 3,197,474 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 131,298,150 | 26 | 154,548,735 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | 4,201,630,278 | 27 | 4,972,521,523 | |
| | 28 | Temporarily restricted net assets | | 76,544,144 | 28 | 0 | |
| | 29 | Permanently restricted net assets | | 1,024,698,330 | 29 | 1,087,168,173 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| | 33 | Total net assets or fund balances | | 5,302,872,752 | 33 | 6,059,689,696 | |
| | 34 | Total liabilities and net assets/fund balances | | 5,434,170,902 | 34 | 6,214,238,431 | |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

| | | | |
|-----------|---|-----------|---------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,107,969,131 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,021,442,301 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 86,526,830 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,302,872,752 |
| 5 | Net unrealized gains (losses) on investments | 5 | 77,592 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 670,212,522 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 6,059,689,696 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PATIENT CARE THE HOSPITAL PROVIDED 19,394 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,968 OR 20% OF THOSE INPATIENT DAYS PATIENTS MADE 81,759 CLINIC VISITS DURING THE YEAR

Form 990, Part III, Line 4b:

RESEARCH THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF
NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS
AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES

Form 990, Part III, Line 4c:

EDUCATION AND TRAINING AS PART OF ITS MISSION, THE HOSPITAL HAS DEVELOPED A GLOBAL INITIATIVE (ST JUDE GLOBAL) TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE ST JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, HELPING TO IMPLEMENT NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND DEVELOPING REGIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN THIS MISSION WILL BE ACHIEVED BY FOCUSING ON THREE OVERRIDING GOALS (1) TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION, (2) TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES, AND (3) TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE THESE INITIATIVES ARE SPEARHEADED BY ST JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR PARTNER SITES IN ADDITION, A GRADUATE PROGRAM IS OFFERED THROUGH A WHOLLY-OWNED SUBSIDIARY, ST JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE AND TRAIN FUTURE GENERATIONS OF SCIENTISTS SEEKING TO UNDERSTAND THE MOLECULAR BASIS OF HUMAN DISEASE AND DEVELOP NOVEL THERAPIES BASED ON THAT UNDERSTANDING

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JOYCE ABOUSSIE VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| SUSAN MACK AGUILLARD MD VOTING DIRECTOR | 8 00 | X | | | | | | 0 | 0 | 0 |
| MAHIR AWDEH MD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH S AYOUB JR ESQ VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL J AYOUB ESQ VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| FREDERICK M AZAR MD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| JAMES B BARKATE VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| MARTHA PERINE BEARD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| SHERYL BOURISK VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT A BREIT MD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| TERRY BURMAN VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| ANN M DANNER VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH M DEVIVO VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| FRED P GATTAS III PHARMD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| RUTH GAVIRIA VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER GEORGE MD VOTING DIRECTOR | 8 00 | X | | | | | | 0 | 0 | 0 |
| JUDY HABIB VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| GABRIEL GABY HADDAD MD VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL K HAJAR VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| CHUCK HAJJAR VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| FOUAD HAJJAR MD VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| FREDERICK R HARRIS JR MD VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| BRUCE B HOPKINS VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| J DAVID KARAM II VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| SHARON L MCCOLLAM VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL D MCCOY VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT T MOLINET ESQ VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| RAMZI NUWAYHID VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS PENN III VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTINA M RASHID VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CAMILLE F SARROUF JR ESQ VOTING DIRECTOR | 8 00 4 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH C SHAKER VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH G SHAKER VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| GEORGE A SIMON II VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL SIMON VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL J SIMON VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| TONY THOMAS VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD M UNES VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| PAUL H WEIN ESQ VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS WERTZ VOTING DIRECTOR | 4 00 4 00 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| SUSAN R WINDHAM-BANNISTER VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| TAMA ZAYDON VOTING DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR | 1 00 55 00 | X | | | | | | 0 | 840,195 | 118,691 |
| JAMES R DOWNING PRESIDENT/CEO | 55 00 1 00 | X | | X | | | | 1,134,497 | 0 | 144,053 |
| PATRICIA A KEEL SVP/CFO | 55 00 0 00 | | | X | | | | 595,248 | 0 | 85,631 |
| JAMES I MORGAN EVP/SCIENTIFIC DIRECTOR | 55 00 0 00 | | | X | | | | 717,786 | 0 | 56,554 |
| ELLIS NEUFELD EVP/CLINICAL DIRECTOR | 55 00 0 00 | | | X | | | | 741,883 | 0 | 163,760 |
| MARY ANNA QUINN EVP/CHIEF ADMIN OFFICER | 55 00 0 00 | | | X | | | | 470,968 | 0 | 53,994 |
| CHARLES M ROBERTS EVP/DIRECTOR CANCER CENTER | 55 00 0 00 | | | X | | | | 774,908 | 0 | 155,598 |
| CARLOS RODRIGUEZ-GALINDO EVP/CHAIR | 55 00 0 00 | | | X | | | | 703,187 | 0 | 71,325 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ANDREW DAVIDOFF CHAIR | 55 00 0 00 | | | | | X | | 833,933 | 0 | 60,767 |
| DAVID ELLISON CHAIR | 55 00 0 00 | | | | | X | | 735,746 | 0 | 109,717 |
| AMAR J GAJJAR CHAIR | 55 00 0 00 | | | | | X | | 707,462 | 0 | 48,386 |
| THOMAS E MERCHANT CHAIR | 55 00 0 00 | | | | | X | | 889,223 | 0 | 64,327 |
| CHING-HON PUI CHAIR | 55 00 0 00 | | | | | X | | 740,117 | 0 | 37,545 |
| WILLIAM E EVANS FACULTY/FORMER PRESIDENT/CEO | 55 00 0 00 | | | | | | X | 681,292 | 0 | 41,325 |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number

62-0646012

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|-------------|-------------|-------------|-------------|-------------|---------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | 674,808,276 | 895,523,715 | 753,145,680 | 851,803,301 | 974,758,247 | 4,150,039,219 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 674,808,276 | 895,523,715 | 753,145,680 | 851,803,301 | 974,758,247 | 4,150,039,219 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 4,150,039,219 |

| Section B. Total Support | | | | | | | |
|--|--|-------------|-------------|-------------|-------------|-------------|---------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | 674,808,276 | 895,523,715 | 753,145,680 | 851,803,301 | 974,758,247 | 4,150,039,219 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,579,828 | 11,681,881 | 4,641,541 | 11,308,521 | 14,733,405 | 49,945,176 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 7,390,478 | 6,775,862 | 20,138,461 | 7,598,809 | 9,873,680 | 51,777,290 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,251,761,685 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | | 12 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|--|--|--------------------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 97.610 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 97.170 % |
| 16a | 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/> | |
| b | 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|------------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | 1 | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 3a | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | 4b | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | 5a | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 8 | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | 9a | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9b | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | 9c | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV

Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

| | | | |
|---|--|----------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| PART II, SECTION B, LINE 10 | EXPLANATION FOR OTHER INCOME 2014 \$ 3,534,638 - CAFETERIA/VENDING \$ 1,454,365 - CHGME/CHCA \$ 2,401,475 - OTHER REVENUE \$ 7,390,478 - TOTAL OTHER INCOME 2015 \$ 3,709,328 - CAFETERIA/VENDING \$ 1,683,327 - CHGME/CHCA \$ 1,383,207 - OTHER REVENUE \$ 6,775,862 - TOTAL OTHER INCOME 2016 \$ 8,152,422 - BOND DEFEASANCE GAIN \$ 4,086,280 - CAFETERIA/VENDING \$ 2,058,124 - CHGME/CHCA \$ 5,841,635 - OTHER REVENUE \$ 20,136,461 - TOTAL OTHER INCOME 2017 \$ 4,288,072 - CAFETERIA/VENDING \$ 2,351,842 - CHGME/CHCA \$ 327,751 - HHMI \$ 631,144 - OTHER REVENUE \$ 7,598,809 - TOTAL OTHER INCOME 2018 \$ 4,454,476 - CAFETERIA/VENDING \$ 2,344,673 - CHGME/CHCA \$ 363,869 - HHMI \$ 2,710,662 - OTHER REVENUE \$ 9,873,680 - TOTAL OTHER INCOME |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|---|
| Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC | Employer identification number 62-0646012 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | | (a) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | Yes | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 21,139 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 63,229 |
| j | Total. Add lines 1c through 1i | | | 84,368 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | Yes | No |
|----------|---|----------|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|-------------------|--|
| PART II-B, LINE 1 | LINE 1A) A ST. JUDE PATIENT/FAMILY TRAVELED TO DC ON BEHALF OF ST. JUDE TO ADVOCATE WITH CONGRESS FOR INCREASED NIH FUNDING, LINE 1B) ST. JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS, LINE 1G) AMOUNT LISTED IS PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS TRAVEL EXPENSES, LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT AND STATE LEGISLATIVE CONTACTS AS WELL AS PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME PROGRAM |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 1,024,698,330 | 965,253,422 | 873,056,599 | 873,885,134 | 915,104,075 |
| b Contributions | 4,864,242 | 21,281,957 | 12,552,432 | 2,341,719 | 2,970,640 |
| c Net investment earnings, gains, and losses | 64,664,085 | 92,690,065 | 103,475,245 | -72,118 | 8,222,632 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 38,875,713 | 54,527,114 | 23,830,854 | 3,098,136 | 52,412,213 |
| f Administrative expenses | | | | | |
| g End of year balance | 1,055,350,944 | 1,024,698,330 | 965,253,422 | 873,056,599 | 873,885,134 |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | Yes | |
| 3b | Yes | |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 1,208,060,491 | 597,826,180 | 610,234,311 |
| c Leasehold improvements | | | | |
| d Equipment | | 456,298,014 | 310,124,244 | 146,173,770 |
| e Other | | 14,042,381 | 7,223,277 | 6,819,104 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 763,227,185 |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | | |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC | 5,366,070,585 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 5,366,070,585 |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| SELF INSURANCE LIABILITY | 1,792,643 |
| WORKERS COMPENSATION | 1,181,465 |
| OWNER CONTROLLED INSURANCE PROGRAM | 223,366 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 3,197,474 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 823,030,750 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 77,592 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 580,106,392 |
| e | Add lines 2a through 2d | 2e | 580,183,984 |
| 3 | Subtract line 2e from line 1 | 3 | 242,846,766 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 865,122,365 |
| c | Add lines 4a and 4b | 4c | 865,122,365 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 1,107,969,131 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|---------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,021,442,301 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 1,021,442,301 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 1,021,442,301 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
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| | |
| | |

Part XIII **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC , A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST JUDE |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | AS OF JUNE 30, 2019, THE ORGANIZATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS IN THE EVENT THE ORGANIZATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING 2016 THROUGH 2019 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS. |

| Supplemental Information | |
|--------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 580,106,392 |

| Supplemental Information | |
|--------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 865,122,365 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number

62-0646012

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 1 | | | 15,158,618 |
| b Total from continuation sheets to Part I | | | | | 57,716 |
| c Totals (add lines 3a and 3b) | 0 | 1 | | | 15,216,334 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

| | |
|-----------------|---|
| Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. |
|-----------------|---|

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| PART I, LINE 3 | EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS PAYMENTS ARE ISSUED BASED ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION |

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 1,866,373 |
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 5,567,836 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 0 | 1 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 1,361,828 |
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 3,975,072 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| NORTH AMERICA | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 847,849 |
| RUSSIA AND NEIGHBORING STATES | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 144,889 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | |
|---|-------------------------------------|---|--|--|-----------------------------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 1,353,167 |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 41,604 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | RESEARCH / EDUCATION AND TRAINING | 57,716 |

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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1b

If "Yes," was it a written policy?

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100% ☐ 150% ☐ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a

Did the organization prepare a community benefit report during the tax year?

b

If "Yes," did the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

Yes

No

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs

Other Benefits

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 88,740,793 | 1,022,538 | 87,718,255 | 8 590 % |
| b Medicaid (from Worksheet 3, column a) | | | 152,707,177 | 31,541,618 | 121,165,559 | 11 860 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 8,545,802 | 1,717,417 | 6,828,385 | 0 670 % |
| d Total Financial Assistance and Means-Tested Government Programs | | | 249,993,772 | 34,281,573 | 215,712,199 | 21 120 % |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 25,592,681 | 0 | 25,592,681 | 2 510 % |
| f Health professions education (from Worksheet 5) | | | 15,603,972 | 280,344 | 15,323,628 | 1 500 % |
| g Subsidized health services (from Worksheet 6) | | | 28,429,296 | 0 | 28,429,296 | 2 780 % |
| h Research (from Worksheet 7) | | | 387,337,440 | 96,291,900 | 291,045,540 | 28 490 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,840,087 | 0 | 1,840,087 | 0 180 % |
| j Total. Other Benefits | | | 458,803,476 | 96,572,244 | 362,231,232 | 35 460 % |
| k Total. Add lines 7d and 7j | | | 708,797,248 | 130,853,817 | 577,943,431 | 56 580 % |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | 100,244 | | 100,244 | 0.010 % |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | 18,014 | | 18,014 | 0 % |
| 8 Workforce development | | | 20,848 | | 20,848 | 0 % |
| 9 Other | | | | | | |
| 10 Total | | | 139,106 | | 139,106 | 0.010 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|-----------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | | |
| | 1,100,000 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | | |
| | 0 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME). | 5 | 0 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 819,608 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -819,608 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

| | | | |
|---|-----------|-----|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | 9b | Yes | |

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

1

Community Health Needs Assessment

| | Yes | No |
|---|---------------|----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 Yes | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 Yes | |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | No |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 Yes | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> | | |
| b <input type="checkbox"/> Other website (list url) _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 Yes | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 Yes | |
| a If "Yes" (list url) <u>SEE PART V, SECTION C</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input type="checkbox"/> Asset level | | | |
| d <input type="checkbox"/> Medical indigency | | | |
| e <input type="checkbox"/> Insurance status | | | |
| f <input type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 14 Explained the basis for calculating amounts charged to patients? | 14 | Yes | |
| 15 Explained the method for applying for financial assistance? | 15 | Yes | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 16 Was widely publicized within the community served by the hospital facility? | 16 | Yes | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | | |
| j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group

| | Yes | No |
|--|---------------|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 Yes | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | 19 | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | |
|--|---------------|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? | 21 Yes | |
| If "No," indicate why | | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 3C | NO FAMILY EVER PAYS ST JUDE FOR TREATMENT WE DO NOT NEED TO DETERMINE ELIGIBILITY FOR THIS ASSISTANCE BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST ALL PATIENTS ACCEPTED FOR ST JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT ST JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS IF THE PATIENT HAS INSURANCE, ST JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS BILLING INSURANCE FOR THE COSTS THAT WOULD BE DUE AT ANY OTHER HOSPITAL ALLOWS ST JUDE TO CONTINUE DOING SOME OF THE MOST ADVANCED RESEARCH IN THE WORLD IT ALSO ALLOWS ST JUDE TO PAY FOR TREATMENTS, COPAYMENTS, DEDUCTIBLES, COINSURANCE, AND ANY OTHER COSTS INSURANCE DOES NOT COVER TO ENSURE FAMILIES ARE MAKING USE OF ALL RESOURCES FOR WHICH THEY ARE ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE ALSO CONTRACT WITH A VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH FEDERAL OR STATE FACILITATED MARKETPLACES |

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| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LINE 7 | COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT COST, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS SOME CHIPS VOLUME IS INCLUDED IN MEDICAID IN PART I, LINE 7B BECAUSE IN MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY ADMINISTRATORS, AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS AND MEDICAID COVERAGE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7G | ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$9.6 MILLION |

| Form and Line Reference | Explanation |
|---|---|
| <p>PART II, COMMUNITY BUILDING ACTIVITIES</p> | <p>THE ST JUDE CHILDREN'S RESEARCH HOSPITAL PRESIDENT AND CEO IS A MEMBER OF MEMPHIS TOMORROW W MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIL LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY THEIR INITIATIVES ARE FOCUSED IN THOSE AREAS WHICH DIRECTLY IMPACT ECONOMIC GROWTH AND OPPORTUNITY, INCLUDING HUMAN CAPITAL DEVELOPMENT, INDUSTRY DEVELOPMENT, AND PUBLIC SAFETY ST JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT ST JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY ADDITIONALLY, ST JUDE IS SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION THE PEDIATRIC ONCOLOGY EDUCATION PROGRAM BRINGS FIFTY TO SIXTY STUDENTS EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED BY AND MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE TO ACCOUNTING THERE ARE ANOTHER 150 STUDENTS INVOLVED IN THESE INTERNSHIPS THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS FORTY TO FIFTY STUDENTS ANNUALLY AS PATIENT CARE OBSERVERS THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING AND ARE FROM UNDERGRADUATE COLLEGES OR PROFESSIONAL HEALTHCARE SCHOOLS INCLUDING MEDICAL SCHOOLS THE OBSERVERS ARE DECIDING ON OR CONFIRMING A DESIRE TO PURSUE A CAREER IN HEALTHCARE THE FAMILY, GUEST, AND VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL STUDENTS AND YEAR-ROUND PROGRAMS FOR COLLEGE STUDENTS BOTH OF THESE PROGRAMS DRIVE ENTRY INTO HEALTH CAREERS THE DEPARTMENT ALSO ENGAGES TWELVE FULL-TIME INTERNS, 4 EACH SEMESTER, WHO ARE EMBEDDED ON THE TEAM AND PREPARED FOR CAREERS IN NON-PROFIT LEADERSHIP OR HEALTHCARE MANAGEMENT THE OFFICE OF LEGAL SERVICES OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO NATIONAL LAW SCHOOLS DURING THE SUMMER INTERNS PERFORM LEGAL RESEARCH, DRAFT MEMORANDA, LETTERS, AND OTHER DOCUMENTS, DRAFT AND REVIEW CONTRACTUAL AGREEMENTS, PREPARE PRESENTATIONS TO ST JUDE PERSONNEL, AND ASSIST WITH DRAFTING POLICIES INTERNS ALSO LEARN THROUGH OBSERVATION OF AND PARTICIPATION IN DAY-TO-DAY LAW PRACTICE ACTIVITIES, INCLUDING LEGAL PROCEEDINGS, NEGOTIATIONS, MEETINGS, TRAININGS, AND COUNSELING SESSIONS WHEN POSSIBLE, INTERNS WORK WITH CLIENT DEPARTMENTS AND DEPARTMENTAL STAFF TO GATHER INFORMATION AND TO GAIN INSIGHT INTO AND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND HEALTH CARE OPERATIONS IN ADDITION, MEMBERS OF THE OFFICE OF LEGAL SERVICES ENGAGED IN THE FOLLOWING ACTIVITIES WITHIN THE MEMPHIS AND LARGER TENNESSEE COMMUNITIES - VOLUNTEERED AT A SATURDAY LEGAL CLINIC ORGANIZED BY MEMPHIS AREA LEGAL SERVICES - SERVED AS CHAIR OF THE HEALTH LAW & POLICY ADVISORY BOARD OF THE CECIL C HUMPHREYS SCHOOL OF LAW, UNIVERSITY OF MEMPHIS - PRESENTED ON "LAW AND BIOETHICS" AT THE UNIVERSITY OF MEMPHIS'S CECIL C HUMPHREYS SCHOOL OF LAW IN MARCH 2019 - PRESENTED ON "PRESCRIBING CONTROLLED SUBSTANCES IN TENNESSEE UNDERSTANDING NEW STANDARDS AND LAWS AMIDST THE OPIOID EPIDEMIC" AT THE TENNESSEE ATTORNEYS MEMO LAW CONFERENCE IN NOVEMBER 2018 - PLANNED A HEALTH LAW NETWORKING EVENT AT THE UNIVERSITY OF MEMPHIS'S CECIL C HUMPHREYS SCHOOL OF LAW - SERVED ON THE TENNESSEE BAR ASSOCIATION HEALTH LAW SECTION EXECUTIVE COUNCIL - SERVED ON THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION BOARD - PARTICIPATED IN AN ATTORNEY HEALTH LAW PANEL AT THE CECIL C HUMPHREYS SCHOOL OF LAW, UNIVERSITY OF MEMPHIS - HOSTED SESSIONS AT ST JUDE FOR THE EMBARK PROGRAM, WHICH IS PART OF THE NEW MEMPHIS INSTITUTE EMBARK IS A 3-MONTH ENGAGEMENT THAT EMPOWERS HIGH PERFORMING TWENTYSOMETHINGS (2-7 YEARS INTO THEIR CAREERS) TO GROW AS LEADERS AND TO BUILD RELATIONSHIPS AS THEY PREPARE TO MAKE A DIFFERENCE IN MEMPHIS - PARTICIPATED IN A PROFESSIONAL SPEED NETWORKING EVENT FOR COLLEGE STUDENTS AND RECENT GRADUATES IN MEMPHIS THROUGH THE NEW MEMPHIS INSTITUTE FINALLY, THE CHIEF GOVERNMENT AFFAIRS OFFICER WORKED IN COLLABORATION WITH LEGAL STAFF AND OUTSIDE ADVOCACY GROUPS</p> |

| Form and Line Reference | Explanation |
|--|--|
| PART II, COMMUNITY BUILDING ACTIVITIES | <p>TO SUPPORT EFFORTS TO CREATE A STATE PALLIATIVE CARE/QUALITY OF LIFE ADVISORY COUNCIL THE ST JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE BOARD OF DIRECTORS OF THE MEMPHIS RIVER PARKS PARTNERSHIP (MRPP) THE MRPP IS A NON-PROFIT ORGANIZATION THAT, UNDER A LONG-TERM CONTRACT WITH THE CITY OF MEMPHIS, MANAGES ALL THE PARKS ALONG A 5-MILE STRETCH OF THE MEMPHIS RIVERFRONT INCLUDING ALONG DOWNTOWN MEMPHIS AND MUD ISLAND RIVER PARK ELEMENTS ALONG THE RIVER FOSTER HEALTHY LIFESTYLES INCLUDING RIVERFIT, A SERIES OF PHYSICAL FITNESS CHALLENGES, AND A PLAYGROUND DESIGNED SPECIFICALLY FOR CHILDREN AT BEALE STREET LANDING, THE ONLY CHILD-DESIGNATED PLAYGROUND ON THE MEMPHIS RIVERFRONT THE MRPP IS ALSO WORKING WITH THE CITY OF MEMPHIS TO IMPLEMENT A SERIES OF IMPROVEMENTS DESIGNED TO TIE THE RIVERFRONT CLOSER TO WORKERS AND RESIDENTS OF DOWNTOWN MEMPHIS TO MAKE ACCESS TO RIVERFRONT AMENITIES EASIER FOR ALL CITIZENS OF MEMPHIS AND TOURISTS VISITING THE CITY AS PART OF THESE ADVOCACY EFFORTS, MRPP WAS AWARDED \$10M IN STATE FUNDING TO UPGRADE TOM LEE PARK ON THE MEMPHIS RIVERFRONT THE ST JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE BOARD OF COMMISSIONERS OF THE MEMPHIS AREA TRANSIT AUTHORITY (MATA) IN THIS CAPACITY, HE HELPS TO PROMOTE THE HEALTH OF THE COMMUNITY BY ADVOCATING FOR POLICIES THAT ENABLE ENHANCED MOBILITY FOR A LARGER PERCENTAGE OF THE POPULATION OF MEMPHIS AND SHELBY COUNTY THE CHIEF LEGAL OFFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD ADVOCACY CENTER, WHICH HELPS LOCAL CHILDREN FIND SAFETY AND HEALING (INCLUDING ACCESS TO A MENTAL HEALTH PROFESSIONAL) AFTER A REPORT OF SEXUAL OR OTHER SEVERE ABUSE AND OFFERS ABUSE PREVENTION TRAINING TO COMMUNITY VOLUNTEERS AND PARENTS THE CHIEF LEGAL OFFICER SERVES AS CHAIR OF THE ADVISORY BOARD OF THE INSTITUTE FOR HEALTH LAW & POLICY OF THE CECIL C HUMPHREYS UNIVERSITY OF MEMPHIS SCHOOL OF LAW, WHICH ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY ADDRESS HEALTH POLICY NEEDS THE SENIOR ASSOCIATE COUNSEL IS THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION'S ELECTED REPRESENTATIVE TO THE BOARD OF THE MEMPHIS BAR ASSOCIATION THE ASSOCIATE COUNSEL SERVES ON THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION BOARD THE ASSOCIATE COUNSEL CHAIRS THE COMMUNITY AFFAIRS COMMITTEE OF THAT SECTION AND THE CHIEF LEGAL OFFICER IS AN ACTIVE MEMBER OF THE COMMITTEE, WHICH ANNUALLY SPONSORS A SATURDAY LEGAL CLINIC PROVIDING UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET WITH A VOLUNTEER ATTORNEY AND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT HAVE AN IMPACT ON PERSONAL HEALTH THE MANAGER OF THE CANCER EDUCATION PROGRAM IN THE DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE (GPM) DEDICATES 80% OF HER TIME, AND THE COORDINATOR FOR CANCER EDUCATION DEDICATES 100% OF HER TIME TO CANCER EDUCATION OUTREACH, INCLUDING ACTIVITIES SUCH AS K-12 CURRICULUM DEVELOPMENT, SCHOOL VISITS FOR CANCER AND HEALTHY LIVING EDUCATION, CAREER TALKS, TEACHER TRAINING WORKSHOPS AND PUBLIC ACCESS WEBSITE DEVELOPMENT</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 2 | BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4 | BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS NET PATIENT SERVICE REVENUES AND RECEIVABLES - NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED AS AMOUNTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$1,100,000 AND \$773,000 IN 2019 AND 2018, RESPECTIVELY ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BAD DEBT EXPENSE A COMMUNITY BENEFIT |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 8 | ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT THE COST TO CHARGE RATIO WAS USED TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 9B | ALL PATIENTS ACCEPTED FOR ST JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT ST JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS IF THE PATIENT HAS INSURANCE, ST JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT (HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS //WWW STJUDE ORG/ LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML) |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 2 | <p>ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN. CANCER/PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 11,060 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2019, HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPAL FOCUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. AS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER FOCUSED EXCLUSIVELY ON CHILDREN, ST. JUDE SERVES AS A NATIONAL RESOURCE FOR RESEARCH AND TREATMENT OF PEDIATRIC CANCERS. OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A LOCAL, REGIONAL, NATIONAL AND GLOBAL SCALE. OUR CANCER PATIENTS COME FROM ALL OVER THE UNITED STATES AND ABROAD, HOWEVER, 66% OF THE NEW CANCER PATIENTS WE REGISTER RESIDE IN THE ST. JUDE CATCHMENT AREA, WHICH INCLUDES A 180-MILE RADIUS AROUND ST. JUDE LOCATED IN MEMPHIS, TN AND A 100-MILE RADIUS AROUND EACH OF OUR EIGHT AFFILIATES. THESE EIGHT AFFILIATES ARE LOCATED IN HUNTSVILLE, AL, CHARLOTTE, NC, JOHNSON CITY, TN, BATON ROUGE, LA, SHREVEPORT, LA, TULSA, OK, SPRINGFIELD, MO, AND PEORIA, IL. THE CATCHMENT POPULATION IS GENERALLY CHARACTERIZED BY A HIGHER PROPORTION OF NON-HISPANIC BLACK/AFRICAN-AMERICAN RACE, LOWER PROPORTION OF HISPANIC ETHNICITY, LOWER HOUSEHOLD INCOMES AND HOME VALUES, AND LOWER PROPORTION WITH AN EDUCATION BEYOND HIGH SCHOOL. APPROXIMATELY 49% OF THE POPULATION LIVE IN RURAL AREAS (BY RUCA CODE 10). TAKEN TOGETHER, THIS DIVERSE POPULATION INCLUDES MANY WITH LIMITED RESOURCES WHO ARE MEDICALLY UNDERSERVED THROUGH ST. JUDE'S FOUNDING POLICY - THAT NO PATIENT BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A FAMILY'S INABILITY TO PAY - AND WITH THE PROVISION OF RESOURCES TO OFFSET THE COSTS OF TRANSPORTATION AND HOUSING DURING CLINIC VISITS AND TREATMENT, WE REMOVE BARRIERS IN ACCESS TO OUR CUTTING-EDGE CLINICAL RESEARCH TRIALS AND EXCEPTIONAL CLINICAL CARE. ALL PEDIATRIC PATIENTS IN OUR CATCHMENT AREA ARE ACCEPTED TO ST. JUDE FOR TREATMENT OF THEIR CANCER. THE DEMOGRAPHICS OF THE PEDIATRIC CANCER POPULATION TREATED AT ST. JUDE CLOSELY MATCH THOSE OF OUR CATCHMENT AREA (BASED ON 2010 DATA FROM THE U.S. CENSUS BUREAU) AND ALIGN WITH THE ESTIMATED INCIDENCE OF PEDIATRIC CANCER IN REPRESENTED RACIAL AND ETHNIC GROUPS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS [SEER] 2009 DATA), CONFIRMING THAT ST. JUDE IS CLOSELY ALIGNED WITH THE NEEDS OF THE POPULATION IT SERVES. DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE CATCHMENT AREA ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE AREA THAT WE SERVE. THERE ARE NO KNOWN DIFFERENCES IN PEDIATRIC CANCER INCIDENCE BY GEOGRAPHIC REGION IN THE U.S. CONSEQUENTLY, IT IS NOT POSSIBLE TO CATER OUR CLINICAL TRIALS TO TARGET PEDIATRIC CANCERS SPECIFICALLY PREVALENT IN OUR CATCHMENT AREA. WHILE NUMEROUS ADULT CANCERS HAVE BEEN SHOWN TO HAVE HIGH VARIATION IN INCIDENCE RATES ACROSS RACES AND ETHNICITIES, THE SITUATION IS LESS CLEAR IN PEDIATRIC CANCER, WHERE FEWER DISCREPANCIES HAVE BEEN IDENTIFIED. ALTHOUGH OUR CATCHMENT AREA HAS A HIGHER PROPORTION OF AFRICAN-AMERICAN PATIENTS THAN THE GENERAL U.S. POPULATION, THERE ARE VERY FEW EXAMPLES OF PEDIATRIC CANCERS IN WHICH THE INCIDENCE IS HIGHER IN RACIAL AND/OR ETHNIC MINORITIES (FOOTNOTES 2 AND 3). CONSEQUENTLY, OUR RESEARCH AND CLINICAL TRIALS ADDRESS THE MOST PRESSING PROBLEMS IN PEDIATRIC CANCER. ST. JUDE OFFERS THERAPEUTIC TRIALS FOR THE TOP PEDIATRIC CANCERS (FOOTNOTE 1) INCLUDING A CUTE LYMPHOBLASTIC LEUKEMIA, MEDULLOBLASTOMA, NEUROBLASTOMA, HODGKIN LYMPHOMA, RETINOBLASTOMA, RHABDOMYOSARCOMA AND OTHERS. MANY OF THESE TRIALS ARE INSTITUTIONALLY SPONSORED, HOWEVER, ST. JUDE ALSO PARTICIPATES IN A NUMBER OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST. JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS. A KEY AREA THAT ST. JUDE IS PROMOTING IN OUR CATCHMENT AREA AND BEYOND IS PREVENTION OF HPV-RELATED CANCERS. THE AMERICAN CANCER SOCIETY AND OTHER ORGANIZATIONS HAVE PUT FORTH THE GOAL TO ERADICATE HPV-RELATED CANCERS THROUGH VACCINATION AND SCREENING. NEARLY 80 MILLION INDIVIDUALS IN THE U.S. - 1 OUT OF EVERY 4 PEOPLE - ARE INFECTED.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2 | <p>D WITH HUMAN PAPILLOMAVIRUS (HPV) APPROXIMATELY 34,800 CANCERS ATTRIBUTABLE TO HPV OCCUR EACH YEAR (FOOTNOTE 4) U S VACCINATION RATES REMAIN SIGNIFICANTLY LOWER FOR HPV THAN FOR OTHER RECOMMENDED ADOLESCENT VACCINES IN 2017, TENNESSEE'S COMBINED HPV VACCINATION COVERAGE FOR MALES AND FEMALES AGES 13-17 IS ONLY 56%, WHICH RANKS 46TH IN THE NATION BY GENDER, FEWER THAN 50% OF GIRLS AND APPROXIMATELY 30% OF BOYS AGES 13-17 ARE UP-TO-DATE ON THE HPV VACCINE SERIES (FOOTNOTE 5) RESIDENTS OF TENNESSEE AND THE MID-SOUTH HAVE AMONG THE HIGHEST INCIDENCES OF HPV-RELATED CANCERS IN THE COUNTRY (FOOTNOTE 6) AS THE ONLY NCI-DESIGNATED CANCER CENTER DEVOTED SOLELY TO CHILDREN, ST JUDE IS COMMITTED TO TAKING ON A NEW LEADERSHIP ROLE IN PROTECTING YOUNG PEOPLE FROM PREVENTABLE HPV-ASSOCIATED CANCERS LATER IN LIFE RECENTLY, ST JUDE LAUNCHED HPV AWARENESS EFFORTS INCLUDING EDUCATION AT LOCAL SCHOOLS, OUTREACH TO NEWS MEDIA, DEVELOPMENT OF WEB CONTENT, AND PARTNERING WITH OTHER NCI-DESIGNATED CANCER CENTERS TO ENDORSE A GOAL OF ELIMINATING HPV-ASSOCIATED CANCERS IN THE UNITED STATES OVER THE NEXT 5 YEARS, OUR PLAN IS TO SIGNIFICANTLY EXPAND OUR EFFORTS TO HAVE A GREATER IMPACT IN THE PROMOTION OF HPV VACCINATION IN OUR LOCAL CATCHMENT AREA, IN THE STATE OF TENNESSEE, AND NATIONALLY ACCORDING TO THE AMERICAN CANCER SOCIETY, INDIVIDUALS WITH LOWER SOCIOECONOMIC STATUS HAVE HIGHER CANCER INCIDENCE RATES DUE TO ENGAGING IN LIFE STYLE BEHAVIORS THAT INCREASE CANCER RISK (FOOTNOTE 1) THE ST JUDE CANCER EDUCATION FOR CHILDREN PROGRAM IS A LOCAL COMMUNITY EFFORT THAT USES EDUCATION AND POSITIVE REINFORCEMENT TO PROMOTE HEALTHY LIFESTYLE CHOICES THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULTHOOD EDUCATIONAL COMPONENTS OF THE PROGRAM SPECIFICALLY ADDRESS OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER PREVENTION THE PROGRAM DEVELOPMENT IS OVERSEEN BY A MULTIDISCIPLINARY TEAM COMPOSED OF ST JUDE FACULTY AND STAFF, LOCAL EDUCATORS, AND LOCAL HEALTH EXPERTS WHO WORK TOGETHER TO ENSURE THAT THE CONTENT ACHIEVES THE GOALS OF THE PROGRAM WHILE ALIGNING TO STATE AND NATIONAL EDUCATION STANDARDS DURING THE 2017-2018 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH THE SHELBY COUNTY SCHOOL DISTRICT TO DELIVER CANCER AND HEALTHY LIVING EDUCATION PROGRAMS TO OVER 5,000 K-12 STUDENTS (NOTE THIS NARRATIVE FOR PART VI, LINE 2 IS CONTINUED BELOW) - SEE PAGE 101/131</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 3 | <p>AS NOTED IN PART I, LINE 3C, NO FAMILY EVER PAYS ST JUDE FOR TREATMENT IN ADDITION, ST JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL RESOURCE TITLED "YOU AND THE AFFORDABLE CARE ACT" (HTTPS //WWW STJUDE ORG/TREATMENT/PATIENT-RESOURCES/CAREGIVER-RESOURCES/PATIENT-FAMILY-EDUCATION-SHEETS/LEGAL-FINANCIAL/YOU-AND-THE-AFFORDABLE-CARE-ACT HTML) THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT (HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML) ARE POSTED ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION THE DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED INTERPRETATION AND TRANSLATION SERVICES</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>ST JUDE CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS, TN, IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CATASTROPHIC DISEASES WITH A FOCUS ON CANCER AND BLOOD DISORDERS. PATIENTS AT ST JUDE ARE REFERRED BY A PHYSICIAN, DIAGNOSED WITH A DISEASE CURRENTLY UNDER STUDY, AND ELIGIBLE FOR A RESEARCH PROTOCOL. ST JUDE IS THE ONLY PEDIATRIC RESEARCH CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, INCLUDING CANCER AND BLOOD DISORDERS, WHERE FAMILIES NEVER PAY FOR TREATMENT NOT COVERED BY INSURANCE. IN FACT, NO FAMILY EVER PAYS ST JUDE FOR ANYTHING. TRANSPORTATION, HOUSING AND FOOD ARE AMONG THE NO-COST SERVICES PROVIDED TO ENSURE FAMILIES COMING TO ST JUDE CAN FOCUS ON THEIR CHILD. NO CHILD IS EVER DENIED TREATMENT DUE TO RACE, SEX, NATIONALITY, ETHNICITY, RELIGION, OR THE FAMILY'S ABILITY TO PAY THE COMMUNITY SERVED BY ST JUDE. CAN BEST BE DEFINED BY UNDERSTANDING ST JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST JUDE SERVES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES, SUCH AS CANCER AS WELL AS A LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND HIV/AIDS. IT DOES NOT ADMIT CHILDREN FOR ANY DIAGNOSTIC GROUPS OUTSIDE OF THESE SERVICES AND DOES NOT OFFER MEDICAL SERVICES BEYOND THOSE NECESSARY TO CARE FOR CHILDREN WITH THESE DISEASES. ST JUDE DOES NOT HAVE AN EMERGENCY ROOM (ER). A REFERRAL FROM A MEDICAL PROFESSIONAL EXTERNAL TO ST JUDE, TYPICALLY THE CHILD'S PEDIATRICIAN OR A PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR TREATMENT TO ST JUDE. ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 8,600 PATIENTS ARE SEEN AT ST JUDE YEARLY, MOST OF WHO ARE ENROLLED ON CLINICAL TRIALS FOR NEW TREATMENTS DEVELOPED BY ST JUDE, AND WHO ARE TREATED ON A CONTINUOUS OUTPATIENT BASIS. THE HOSPITAL HAS 73 OPERATIONAL BEDS FOR PATIENTS REQUIRING HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS TO BE TREATED AS OUTPATIENTS WHO WOULD BE ADMITTED INTO INPATIENT UNITS AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING DEDICATED SOLELY TO ST JUDE PATIENT FAMILIES DESIGNED WITH INFECTION CONTROL MEASURES SUCH AS HEPA FILTRATION, INFECTION-RESISTANT SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS' HOMES. ST JUDE HAS A NETWORK OF EIGHT AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWING ST JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST JUDE CLINICAL TRIALS. ST JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM IN GLOBAL PEDIATRIC MEDICINE (GPM), AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST JUDE ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THERE ARE AN ESTIMATED 175,000 NEWLY DIAGNOSED CASES OF CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN LOW- AND MIDDLE-INCOME COUNTRIES. CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHILDHOOD MORTALITY (E.G. HIV, MALNUTRITION, INFECTIONS). DESPITE VAST IMPROVEMENTS IN THERAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS, AN ESTIMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE. ST JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES EFFECTIVELY WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LESS DISRUPTIVE FOR THEM AND THEIR FAMILIES. AS A RESULT OF OUR INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD EVER BE ABLE TO COME TO MEMPHIS. A BASIC HEALTHCARE INFRASTRUCTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE. AT THE LOCAL LEVEL, GPM DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF GOVERNMENT AND OTHER ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL PERSONNEL. AT THE REGIONAL LEVEL, GPM DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLOGY AND FOSTERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INSTITUTIONS. THE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY. THIS MODEL RESULTS IN SIGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT. ST JUDE EMPHASIZES THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO CONTINUALLY LE</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4 | <p>ARN FROM AND ASSIST EACH OTHER COST EFFICIENCY IS ALSO REALIZED BECAUSE OF SHARED RESOURC ES ST JUDE HAS PARTNERSHIPS WITH 28 MEDICAL INSTITUTIONS ACROSS 17 DIFFERENT COUNTRIES - BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HAI TI, HONDURAS, JORDAN, LEBANON, MEXICO, NICARAGUA, PHILIPPINES, URUGUAY AND VENEZUELA ST J UDE WORKS WITH ITS PARTNERS TO DEVELOP EVIDENCED-BASED TREATMENT PROTOCOLS TAILORED TO REG IONAL NEEDS AND RESOURCES ADDITIONALLY, ST JUDE PHYSICIANS AND NURSES SERVE AS MENTORS T O CLINICAL PERSONNEL AT PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINING FOR ONCOLOGY CARE , DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIPATE IN ONLINE MEETINGS TO DISCUSS CLINICAL C ARE BEST PRACTICES THE MAJORITY OF ONLINE MEETINGS AND TRAINING ARE PROVIDED VIA ST JUDE 'S WEB-BASED PLATFORM, ST JUDE CURE4KIDSTM (C4K), A FREE RESOURCE FOR PEDIATRIC ONCOLOGY PROFESSIONALS, SCIENTISTS AND RESEARCHERS, REGARDLESS OF THEIR AFFILIATION WITH ST JUDE O R ITS PARTNERS IN ADDITION TO CONTENT THAT INCLUDES MORE THAN 1,657 ONLINE SEMINARS, 19 S ELF-PACED COURSES, AND 51 INSTRUCTOR-LED COURSES, C4K PROVIDES ONLINE MEETING AND CONFEREN CE SPACE IN FY19, C4K HAD 31,640 CONTENT VIEWS WITH 4,273 UNIQUE REGISTERED USERS, AND HO STED 1,791 MEETINGS WITH 1,793 UNIQUE PARTICIPANTS FROM 148 DIFFERENT COUNTRIES, THERE ARE 64 NCI CENTERS THAT PARTICIPATE IN C4K FINALLY, ST JUDE PARTNERS WITH LOCAL FUNDRAISING ORGANIZATIONS THAT SUPPORT THE MEDICAL PROGRAMS THIS MODEL HAS PROVEN TO BE HIGHLY EFFEC TIVE IN PROVIDING POOR CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CAR E ST JUDE IS ALSO A RESEARCH ORGANIZATION, WITH RESEARCH COVERING A BROADER SCOPE OF HEAL TH ISSUES THAN THE DISEASES TREATED AS A PRIMARY DIAGNOSIS THE HOSPITAL'S OUTREACH INCLUDE S THE LOCAL MARKET, AFFILIATE INSTITUTIONS, OTHER AREAS OF THE UNITED STATES/U S TERRITOR IES, AND THE INTERNATIONAL COMMUNITY THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 24% OF NEW ONCOLOGY PATIENTS RESIDING W ITHIN THIS AREA FY19 NEW CANCER PATIENTSPATIENT ORIGIN % OF TOTALMEMPHIS, TN AND SURROUNDI NG AREA 24%AFFILIATE REFERRAL 36%NATIONAL REFERRAL (OTHER AREAS OF U S) 29%INTERNATIONAL REFERRAL 11%GRAND TOTAL 100%THE ST JUDE AFFILIATE PROGRAM (AP) IS A NETWORK OF EIGHT AFFI LIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U S , ALLOWING ST JUDE PATIENTS TO BE TREATED CLOSER TO HOME AND TO INCREASE ENROLLMENT ON ST JUDE CLINICAL TRIALS THE PHYSIC IANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF AT ST JUDE TO DELIVER PROTOCOL RELATED CARE OR EVIDENCE BASED TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PED IATRIC HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO HOME AFF ILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, CHARLOTTE, NC, HUNTSVILLE, AL, JOHNSON C ITY, TN, PEORIA, IL, SHREVEPORT, LA, SPRINGFIELD, MO, AND TULSA, OK THE AFFILIATES' ENROL LMENT OF PATIENTS ON ST JUDE CLINICAL TRIALS HELPS ST JUDE FIND CURES FASTER AND SAVE MO RE CHILDREN (NOTE THIS NARRATIVE FOR PART VI, LINE 4 IS CONTINUED BELOW) - SEE PAGE 107/ 131</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>ST JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962 OUR MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S INABILITY TO PAY OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDREN THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE, BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MINIMIZE ADVERSE CONSEQUENCES OF TREATMENT, AND BY EDUCATING HEALTH CARE AND SCIENTIFIC RESEARCH PROFESSIONALS THROUGH THESE EFFORTS, WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING NUMBER OF CHILDREN WHO COME TO US FOR TREATMENT BY EXPANDING AND SHARING KNOWLEDGE TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLDWIDE, WHILE DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN ST JUDE COMBINES LABORATORY AND CLINICAL RESEARCH TO ADVANCE THE CARE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES THE FOCUS IS ON PROVIDING OUTSTANDING PATIENT CARE RESULTS AND ON RESEARCH FINDINGS THAT TRANSLATE INTO IMPROVED PATIENT OUTCOMES ST JUDE HAS AN ACADEMIC FACULTY ENGAGED IN A BROAD SPECTRUM OF RESEARCH, INCLUDING THERAPEUTIC TRIALS, INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC RESEARCH HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, MOST OF WHICH ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, OR THEIR FAMILY MEMBERS RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS ST JUDE CONTRIBUTED TO THE BUILDING OF A STATE-OF-THE-ART NEUROSURGICAL FACILITY FOR TREATING LOCAL PEDIATRIC PATIENTS AND ST JUDE BRAIN TUMOR PATIENTS THE FACILITY IS EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT (IMRI) WHEN PURCHASED, ONLY TWO NEUROSURGICAL FACILITIES IN THE UNITED STATES PROVIDED PATIENTS WITH THIS LEVEL OF TREATMENT, WHICH ALLOWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES IMRI EQUIPMENT ALLOWS SURGEONS TO MAKE INFORMED DECISIONS DURING THE SURGERY LIVE WEBCASTS ALLOW OTHERS TO VIEW PROCEDURES OUR ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL TREATMENT AVAILABLE ST JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT (PCGP) IN JANUARY 2013 - A COLLABORATION WITH WASHINGTON UNIVERSITY TO FIND CLUES TO THE CAUSES OF CHILDHOOD CANCER AND POTENTIAL NEW TREATMENTS AND CURES THE PROJECT HAS RESULTED IN GROUNDBREAKING DISCOVERIES IN A NUMBER OF CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA, NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF LEUKEMIA AND LOW-GRADE GLIOMAS IN DECEMBER 2012, THE PCGP WAS RECOGNIZED AS ONE OF TIME MAGAZINE'S TOP 10 MEDICAL BREAKTHROUGHS AND, IN 2013, AS ONE OF TIME MAGAZINE'S TOP 100 NEW SCIENTIFIC DISCOVERIES THE SECOND PHASE OF PCGP EXAMINED THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUSED ON DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBING HOW IT DIFFERED FROM WHAT IS SEEN IN THE NORMAL CELLS THE SECOND PHASE ALSO INCLUDED A CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT INVOLVED NEXT-GENERATION SEQUENCING FOR CHILDREN WITH CANCER WHEN PHASE 2 IS COMPLETE, ST JUDE HOPES TO HAVE A MODEL FOR HOW TO EXTEND GENOME SEQUENCING TO EVERY CHILDHOOD CANCER PATIENT IN THE UNITED STATES FROM ITS BEGINNINGS IN 2010, THE PCGP IS THE LARGEST, BROADEST, PRIVATELY FUNDED SEQUENCING PROJECT FOR CHILDREN WITH CANCER AND HAS SEQUENCED MORE THAN 800 MATCHED PAIRS OF TUMOR AND HEALTHY GENOMES FROM YOUNG PATIENTS THE PCGP HAS PROVIDED NEW DETAILS ABOUT THE MUTATIONS THAT UNDERLIE THE DEVELOPMENT AND GROWTH OF A RANGE OF CHILDHOOD CANCERS, AND HAS LAID THE FOUNDATION FOR IMPROVED DIAGNOSTIC TESTING AND THE NEXT GENERATION OF MORE EFFECTIVE, LESS-TOXIC THERAPIES THE PROJECT HAS LED TO NEW DIRECTIONS IN RESEARCH INVOLVING HIGH-RISK LEUKEMIA, BRAIN AND SOLID TUMORS AS WELL AS NEW COMPUTATIONAL METHODS THAT HAVE BEEN SHARED FOR FREE WITH THE GLOBAL SCIENTIFIC COMMUNITY THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF A DULT CHILDHOOD CANCER SURVIVORS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS ST JUDE USES THE SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST JUDE IS THE SOLE MEMBER) CHILDREN'S GMP, LLC, MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE (GMP) FACILITY THAT ENGAGES IN THE PRODUCTION</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5 | <p>N OF BIOLOGICS AND DRUGS FOR RESEARCH THE GMP OFFERS RESOURCES TO STUDY RARE DISEASES OVE RLOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT IN MANUFACTURING DRUGS FOR LESSER- KNOWN DISEASES THE FACILITY, OPERATING ACCORDING TO APPROVED FDA STANDARDS, A LLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD THE CELL AND TISSU E IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT MICROSCOPY THE FACILITY PROVIDES INVESTIGATORS ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNING MICROSCO PY, MULTIPHOTON MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL IMAGING THE FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700,000 TIMES, I S AT THE HEART OF THIS PROGRAM THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERSTAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY USING THE E LECTRON MICROSCOPE, RESEARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREA D THROUGHOUT THE BODY ST JUDE IS HOME TO THE ONLY PROTON BEAM RADIATION THERAPY CENTER DE VOTED SOLELY TO TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS P ROTON THERAPY IS LESS DAMAGING TO SURROUNDING HEALTHY TISSUE THAN OTHER CURRENT RADIATION THERAPIES THIS EQUIPMENT ENABLES ST JUDE TO PROVIDE THIS THERAPY IN A MORE INTEGRATED MA NNER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TRE ATMENTS WITH PROTONS TO FURTHER PALLIATIVE SERVICES IN THE COMMUNITY, ST JUDE PARTICIPATE D WITH LE BONHEUR CHILDREN'S HOSPITAL IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLI ATIVE PROGRAM FOR SERIOUSLY ILL CHILDREN HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPI CE RESIDENCE, PROVIDES INTERDISCIPLINARY CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTOR Y AND CONCURRENT THERAPIES ST JUDE ADMINISTRATIVE LEADERS AND FACULTY MEMBERS OF THE DEPA RTMENT OF PHARMACEUTICAL SCIENCES HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL ATTENTIO N TO THE PEDIATRIC CANCER DRUG SHORTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEGISLATIV E BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH PRESENTATIONS OR WRITTEN TESTIMONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUAT ION AND RESEARCH WORKSHOP, TWO SENATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE HOUSE COMMI TTEE ON ENERGY AND COMMERCE ST JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS FROM PROGRAMS FOR HIGH SCHOOL STUDE NTS TO THE POSTDOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE IN ADDITION TO ONSITE EDUCATION, THE ST JUDE GLOBAL PROVIDES AN EDUCATION AND COLLABORATION WEB SITE, CURE4KIDS(TM) (WWW CURE4KIDS ORG) VIA THE CONNECT2P ROTECT PROGRAM, ST JUDE COLLABORATES WITH CHURCHES, OTHER HEALTH CARE ORGANIZATIONS AND C IVIC GROUPS TO RAISE AWARENESS ABOUT PREVENTING THE SPREAD OF HIV/AIDS THE PRIMARY TARGET IS THE AFRICAN- AMERICAN COMMUNITY, ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED INCLUDING ASIAN, CAUCASIAN AND HISPANIC THE FUNDRAISING SOURCE FOR ST JUDE IS ALSAC, WHICH RAISES FUNDS SOLELY FOR THE HOSPITAL BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRI BUTE VIA TENS OF THOUSANDS OF FUNDRAISING EFFORTS ALSAC CONTRIBUTED \$865 MILLION IN FY19 TO SUPPORT ST JUDE VOLUNTEERS ENHANCE THE QUALITY OF PATIENT CARE BY PARTNERING WITH CLI NICAL STAFF TO PROVIDE AN ADDITIONAL PERSONAL TOUCH VOLUNTEERS ALSO HELP ENSURE A SAFE EN VIRONMENT THEY LEND ASSISTANCE AND PROVIDE COMPASSIONATE CONCERN BY OFFERING A LISTENING EAR TO FAMILIES AT A TIME WHEN THEY NEED IT MOST THEY ARE VITAL AMBASSADORS FOR THE HOSPI TAL AND COMMUNITY</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2 (CONTINUATION FROM 90/131) | <p>HEMATOLOGYTHE GEOGRAPHIC CATCHMENT AREA FOR ST JUDE ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS, NORTH MISSISSIPPI, AND A FEW COUNTIES IN MISSOURI MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD) , AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER FROM THE DISEASE IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD ST JUDE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO ABOUT 900 CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA SCD IS DIAGNOSED BY STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES ST JUDE HAS A PARTNERSHIP WITH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE RELATIONSHIP AMONG PARENTS, PATIENTS, PRIMARY CARE PROVIDERS ABOUT 50 NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT AREA OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN DIAGNOSED WITH THE DISEASE IN OUR CATCHMENT AREA TO ITS COMPREHENSIVE CARE SERVICE ADDITIONALLY, ST JUDE PROVIDES TRAIT COUNSELING SERVICE TO INFANTS BORN WITH SICKLE CELL TRAIT TO 21 COUNTIES IN WESTERN TN ST JUDE PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD DISEASE FROM BIRTH TO AGE 18 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE EDUCATION AND MULTIDISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT AND EDUCATION GUIDELINES SERVICES ALSO INCLUDE COMMUNITY OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY ST JUDE HAS ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AND REGIONAL ONE HOSPITAL IN THE PAST, THE SCD PROGRAM AT ST JUDE HAS COLLABORATED WITH SEVERAL FEDERALLY QUALIFIED HEALTH CARE CENTERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (THE LARGEST HISPANIC SOCIAL AGENCY IN TENNESSEE), WITH THE SICKLE CELL FOUNDATION OF TENNESSEE (A COMMUNITY-BASED SCD ORGANIZATION), AND WITH REGIONAL SCD PROVIDERS TO ENSURE A MEDICAL HOME AND ADEQUATE SOCIAL SUPPORT FOR ALL SCD PATIENTS IN THE AREA ST JUDE ASSESSES PATIENT NEEDS THROUGH PARENT AND PATIENT SURVEYS, INTERACTIVE EDUCATION, MATERIALS REVIEW, AND GROUP DISCUSSIONS WITH PARENTS AND PATIENTS ST JUDE HAS AN ANNUAL SICKLE CELL EDUCATION DAY FOR PATIENTS WITH SICKLE CELL DISEASE AND THEIR FAMILIES/CAREGIVERS MORE THAN 250 ATTEND THIS EVENT EVERY YEAR ADDITIONALLY, ST JUDE COLLABORATES WITH NATIONAL ORGANIZATIONS TO PROVIDE EDUCATION TO HEALTHCARE PROVIDERS AND PEOPLE WITH SICKLE CELL DISEASE TO INCREASE SICKLE CELL AWARENESS ST JUDE PROVIDES FREE EDUCATIONAL BOOKLETS AND BROCHURES (HARD COPY REQUEST OR DOWNLOAD) ON THE HEMATOLOGY WEBSITE AS WELL AS INTERACTIVE EDUCATIONAL VIDEOS PEOPLE FROM THROUGHOUT THE US AND OTHER COUNTRIES UTILIZE THE EDUCATIONAL WEBSITE ST JUDE PARTICIPATES IN NUMEROUS HEALTH FAIRS, SCHOOL PROGRAMS, AND OTHER COMMUNITY EVENTS TO INCREASE KNOWLEDGE AND AWARENESS OF HEMATOLOGICAL DISORDERS AND THEIR IMPACT ON THE PATIENTS AND THE COMMUNITY ST JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS CHILDREN FROM THE GEOGRAPHIC CATCHMENT AREA OF ST JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS ARE REFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF ST JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGNIZED PEDIATRIC HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND THROMBOSIS DISORDERS IN ADDITION TO PROVIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE TO THESE PATIENT POPULATIONS, ST JUDE HEMATOLOGY DEDICATES A SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL, AND BASIC RESEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHRONIC BLOOD DISEASES MOST PATIENTS PARTICIPATE IN RESEARCH STUDIES, WHICH HAVE RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL CARE FOR EXAMPLE, RECENT RESULTS FROM THE BABY HUG TRIAL SHOWED THAT DAILY ORAL HYDROXYUREA IS SAFE AND EFFECTIVE FOR INFANTS AND YOUNG CHILDREN WITH SCD, WHICH LED TO THE RECOMMENDATION OF ITS GENERAL USE IN THIS SUBPOPULATION ALSO, IN A FIRST-IN-MAN TRIAL, ST JUDE HEMATOLOGY SHOWED THE SAFETY AND EFFICACY OF A NOVEL GENE TRANSFER AGENT CARRYING THE FACTOR IX GENE FOR TREATMENT OF HEMOPHILIA B, ALL TEN ADULT PARTICIPANTS WITH SEVERE HEMOPHILIA B HAD NO SERIOUS UNEXPECTED SIDE EFFECTS AND ALL PARTICIPANTS SHOWED AN INCREASE IN FACTOR IX LEVELS LEADING TO A SUBSTANTIAL REDUCTION</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2 (CONTINUATION FROM 90/131) | <p>N IN THEIR BLEEDING TENDENCY. ADDITIONALLY, ST. JUDE HAS DEVELOPED A VECTOR FOR GENE TRANSFER TO TREAT CHILDREN WITH X-LINKED SEVERE COMBINED IMMUNODEFICIENCY (X-LINKED SCID) DISEASE WHICH HAS SHOWN PROMISE AS A CURE FOR THE DISEASE. FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING VIABLE CURES AND/OR TREATMENTS TO PREVENT COMPLICATIONS IN CHILDREN WITH SCID AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOGIC DISEASES. HIV THE CONNECT TO PROTECT (C2P) COMMUNITY COALITION LED BY MEMBERS OF THE HOSPITAL'S COMPREHENSIVE HIV PREVENTION AND TREATMENT PROGRAM FOR CHILDREN AND YOUTH, HAS SIGNIFICANTLY CONTRIBUTED TO THE STRONG COMMUNITY TIES THAT ST. JUDE HAS ESTABLISHED AND STRENGTHENED. LAUNCHED IN 2008, C2P IS MADE UP OF 25 PARTNER AGENCIES REPRESENTING A DIVERSE MIX OF STAKEHOLDERS FROM VARIOUS SECTORS IN MEMPHIS. THIS INCLUDES THE HEALTH DEPARTMENT, FAITH- AND COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, BUSINESSES, YOUTH AND HEALTH CARE ORGANIZATIONS, ALL ALIGNED WITH THE COMMON GOAL OF OPTIMIZING HIV PREVENTION AND TREATMENT. THE STRENGTH OF THIS COALITION HAS BEEN TO PROVIDE A NON-THREATENING, COLLABORATIVE ENVIRONMENT WHERE INDIVIDUALS AND AGENCIES WITH DIFFERENT BACKGROUNDS AND PRIORITIES HAVE BEEN ABLE TO COLLABORATIVELY IMPLEMENT OVER 70 NEW POLICIES, PRACTICES AND PROGRAMS THAT IMPACT HIV PREVENTION AND TREATMENT IN YOUTH. IN THIS COALITION WE HAVE LEARNED AND SHARED BEST PRACTICES, AND TOGETHER, IDENTIFIED AND DEVELOPED NEW STRUCTURAL CHANGE OBJECTIVES TO ADDRESS IMPEDIMENTS THAT PREVENT YOUTH FROM MOVING ALONG THE HIV PREVENTION AND TREATMENT CARE CONTINUUM. HAVING ACCESS TO, AND COMMITMENT FROM, SUCH A DIVERSE GROUP OF PEOPLE AND ORGANIZATIONS HAS ALLOWED FOR SHARED RESPONSIBILITY IN TRANSFORMING THE HEALTH TRAJECTORY OF THE CITY. THE COALITION DESIGNED A STRATEGIC PLAN THAT SPECIFICALLY ADDRESSES YOUTH BARRIERS TO TESTING, TRANSITIONING TO ADULT CARE, PRE-EXPOSURE PROPHYLAXIS AND LINKAGE OF NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE. AS BARRIERS ARE IDENTIFIED, MEMBERS ENGAGE IN DIALOGUE AND DISCUSSIONS WITH KEY STAKEHOLDERS, AND STRATEGIZE FOR POLICY AND PRACTICE CHANGES RELATED TO COMMONLY IDENTIFIED OBSTACLES SUCH AS DISCLOSURE, TIMELINES OF CONFIRMATORY TEST, MEDICATION/APPOINTMENT, SOCIAL DETERMINANTS AND ADHERENCE. SINCE IMPLEMENTING THE STRATEGIC MULTISITE INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) LINKAGE TO CARE PROGRAM IN 2010, WE HAVE BEEN ABLE TO ASSIST APPROXIMATELY 800 YOUTH AND YOUNG ADULTS WITH GETTING INTO MEDICAL CARE. THIS SUCCESS HAS GARNERED NATIONAL ATTENTION AND HAS BEEN RECOGNIZED BY THE CENTERS FOR DISEASE CONTROL AS A BEST PRACTICE MODEL. AS A RESULT, WE HAVE BEEN WORKING COLLABORATIVELY WITH THE SHELBY COUNTY HEALTH DEPARTMENT AND OTHER ADULT SPECIALTY CARE CLINICS, ON WAYS TO REPLICATE AND EXPAND OUR MODEL OF LINKAGE TO CARE AND TREATMENT THAT WE HAVE BUILT FOR YOUTH. THE GOAL IS THAT ALL NEWLY DIAGNOSED ADULTS CAN RECEIVE THE SAME TYPE OF SERVICE AND SUPPORT THAT WILL ENABLE THEM TO SUCCESSFULLY MOVE ALONG THE HIV CARE CONTINUUM.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| IN AN EFFORT TO FURTHER SUPPORT THOSE PATIENTS THAT MATRICULATE | ALONG THE HIV CARE CONTINUUM, WE INSTITUTED A RETENTION IN CARE (RIC) PROGRAM THAT PROVIDES SUPPORT TO YOUTH AND YOUNG ADULT PATIENTS WHO FIND MAINTAINING CONSISTENT MEDICAL TREATMENT AND CARE A CHALLENGE SINCE 2016, THE RIC COORDINATOR HAS CAREFULLY AND TACTFULLY WORKED TO ASSURE THAT APPROXIMATELY 20 PATIENTS ARE AS SUCCESSFUL AS POSSIBLE WITH TRANSITIONING TO ADULT MEDICAL CARE WITHOUT ANY GAPS OR DELAYS OUR ABILITY TO FORGE STRONG PARTNERSHIPS AND INROADS IN THE PUBLIC AND PRIVATE SECTORS HAS ALSO ASSISTED US WITH OUR NEWEST RESEARCH INITIATIVE, INJECTABLE PREP (PRE-EXPOSURE PROPHYLAXIS) OR HPTN (HIV PREVENTION TRIALS NETWORK) 083 SINCE 2017, WE HAVE BEEN ABLE TO RECRUIT 93 UNINFECTED HIGH-RISK YOUNG ADULT VOLUNTEERS TO DETERMINE THE EFFICACY OF USING BIOMEDICAL PREVENTION IN OUR COMMUNITY AND MET OUR TWO YEAR RECRUITMENT GOAL (64) IN THE FIRST YEAR FOR OVER A YEAR, C2P MEMBERS ALONGSIDE ST JUDE COORDINATING CENTER STAFF, HAS BEEN SYSTEMATICALLY WORKING ON AN ENDING THE HIV EPIDEMIC IN MEMPHIS IMPLEMENTATION PLAN RECOGNIZING THE STRENGTH AND VALUE OF THE INFRASTRUCTURE, MEMBERS COMMITTED TO CONTINUE CROSS-AGENCY COLLABORATION TO BUILD OUT A COMMUNITY DRIVEN PLAN THAT WOULD SUFFICIENTLY ADDRESS COMMUNITY NEEDS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| LASTLY, MEMBERS FROM THE COALITION HAVE CO-FACILITATED AND/OR PARTICIPATED | IN APPROXIMATELY 30 COMMUNITY BASED EDUCATIONAL AND TESTING EVENTS, AND RADIO/TELEVISION INTERVIEWS THAT HAVE IMPACTED WELL OVER 5,000 INDIVIDUALS IN MEMPHIS AND SURROUNDING AREAS OUR HIV PREVENTION AND TREATMENT PROGRAM HAS REALLY VALUED THE STRONG AND BI-DIRECTIONAL COLLABORATION WITH COLLEAGUES IN THE COMMUNITY WITH A SHARED FOCUS, WHAT WE HAVE BEEN ABLE TO ACHIEVE WITH OUR LINKAGE TO CARE, RETENTION IN CARE AND PREP EFFORTS, WOULD NOT HAVE BEEN FEASIBLE WITHOUT THIS TYPE OF COMMUNITY AGENCY BUY-IN AND SUPPORT 1 AMERICAN CANCER SOCIETY CANCER FACTS & FIGURES 2019 ATLANTA AMERICAN CANCER SOCIETY, 2019 2 LIU ET AL J CLIN ONCOL 34(14) 1634-43, 2016 3 BHATIA ET AL CANCER 122(15) 2426-2439, 2016 4 HOW MANY CANCERS ARE LINKED WITH HPV EACH YEAR? CENTERS FOR DISEASE CONTROL AND PREVENTION [ONLINE] HTTPS //WWW CDC GOV/CANCER/HPV/STATISTICS/CASES HTM 5 TEENVAXVIEW 2017 ADOLESCENT HUMAN PAPILLOMAVIRUS (HPV) VACCINATION COVERAGE REPORT CENTERS FOR DISEASE CONTROL AND PREVENTION [ONLINE] HTTPS //WWW CDC GOV/VACCINES/IMZ-MANAGERS/COVERAGE/TEENVAXVIEW/DATA-REPORTS/HPV/DASHBOARD/2017 HTML 6 HPV-ASSOCIATED CANCER RATES BY STATE CENTERS FOR DISEASE CONTROL AND PREVENTION [ONLINE] HTTPS //WWW CDC GOV/CANCER/HPV/STATISTICS/STATE/INDEX HTM |

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 WWW.STJUDE.ORG TN STATE LICENSE NUMBER 0000000113 | X | | X | | | X | | | | |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 5 THE ST JUDE FISCAL YEAR 2019 CHNA BUILDS UPON THE FISCAL YEAR 2013 AND 2016 CHNAS AND REFLECTS THE ACTIVITIES IDENTIFIED IN THE ST JUDE FISCAL YEAR 2016 COMMUNITY BENEFIT IMPLEMENTATION PLAN THE FISCAL YEAR 2019 CHNA WAS LED BY AN INTERNAL TEAM OF ST JUDE STAFF MEMBERS THE LEADERSHIP OF THIS TEAM ENGAGED HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT THE CHNA THE NEW CHNA IDENTIFIED THE IMPORTANCE OF PARTNERSHIPS AND COLLABORATION WITH OTHER ORGANIZATIONS TO MEET THE HEALTH NEED AND MEDICAL NEEDS OF CHILDREN, INCLUDING THE SHELBY COUNTY HEALTH DEPARTMENT, METHODIST LE BONHEUR HEALTHCARE, AND BAPTIST MEMORIAL HEALTH CARE AND REGIONAL ONE HEALTH EACH INSTITUTION IS WORKING TO ALIGN ITS ASSESSMENT AND PLANNING PROCESSES, WHEN APPROPRIATE, AND TO COORDINATE ACTIVITIES RELATED TO DATA COLLECTION TO DEVELOP A SOCIAL, ECONOMIC, AND HEALTH PORTRAIT OF THE COMMUNITY SERVED BY ST JUDE FOR THE GREATER MEMPHIS AREA AND NATIONALLY. HRIA REVIEWED EXISTING DATA DRAWN FROM LOCAL, STATE, AND NATIONAL SOURCES TO GAIN MORE LOCAL-LEVEL DATA, ST JUDE WORKED WITH THE SHELBY COUNTY HEALTH DEPARTMENT TO OBTAIN DEMOGRAPHIC, ECONOMIC, AND HEALTH DATA FOR SHELBY COUNTY HRIA CONDUCTED QUALITATIVE RESEARCH WITH INTERNAL AND EXTERNAL ST JUDE STAKEHOLDERS AS WELL AS PATIENTS AND FAMILY MEMBERS SERVED IN ORDER TO SUPPLEMENT QUANTITATIVE FINDINGS WITH PERCEPTIONS OF COMMUNITY STRENGTHS AND ASSETS, THEIR PRIORITY HEALTH CONCERNS, AND SUGGESTIONS FOR FUTURE PROGRAMMING AND SERVICES FOCUS GROUPS FOCUS GROUPS WERE CONDUCTED WITH CURRENT AND FORMER ST JUDE PATIENTS, PATIENT CAREGIVERS, AND ST JUDE CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF DIFFERENT TOPIC AREAS WERE EXPLORED BASED ON THE UNIQUE EXPERIENCES OF EACH OF THE GROUPS THE PATIENT AND CAREGIVER FOCUS GROUPS, CONDUCTED WITH CURRENT PATIENTS AND REPRESENTATIVES OF THE PATIENT FAMILY ADVISORY COUNCIL, EXPLORED THE EXTENT TO WHICH ST JUDE IS MEETING THE NEEDS OF CHILDREN WITH CATASTROPHIC ILLNESSES AND OPPORTUNITIES TO ADDRESS PATIENT NEEDS IN THE FUTURE THE CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF FOCUS GROUPS EXPLORED THESE TOPICS AS WELL AS SPECIFIC ISSUES RELATED TO THE GREATER MEMPHIS COMMUNITY A SEMI-STRUCTURED MODERATOR'S GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED WHILE SIMILAR, SEPARATE GUIDES WERE USED FOR THE CAREGIVER AND PATIENT FOCUS GROUPS SO THAT THEY WERE AGE AND DEVELOPMENTALLY APPROPRIATE EACH FOCUS GROUP WAS FACILITATED BY AN EXPERIENCED HRIA STAFF MEMBER, WHILE A NOTE-TAKER TOOK DETAILED NOTES DURING THE DISCUSSION ON AVERAGE, FOCUS GROUPS LASTED 30-90 MINUTES BEFORE THE START OF THE GROUPS, HRIA EXPLAINED THE PURPOSE OF THE STUDY TO PARTICIPANTS AND PARTICIPANTS HAD AN OPPORTUNITY TO ASK QUESTIONS THEY WERE ALSO NOTIFIED VERBALLY THAT GROUP DISCUSSIONS WOULD REMAIN CONFIDENTIAL, AND NO RESPONSES WOULD BE CONNECTED TO THEM PERSONALLY PARTICIPANTS WERE RECRUITED BY |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | <p>ST JUDE STAFF, WHO ARRANGED ALL LOGISTICS FOR THE ONSITE FOCUS GROUPS MEDICAL EXECUTIVE COMMITTEE - ELIZABETH ADDERSON, MD, INFECTIOUS DISEASES - DORALINA ANGHELESCU, MD, ANESTHESIOLOGY - MICHAEL BISHOP, MD, ONCOLOGY, SOLID TUMOR - ROBIN DIAZ, JD, CHIEF LEGAL COUNSEL - SARA FEDERICO, MD, ONCOLOGY, SOLID TUMOR - WILLIAM GREENE, PHARM D, VICE PRESIDENT, PHARMACEUTICAL SERVICES - RAY MORRISON, MD, ICU, CRITICAL CARE-PULMONARY MEDICINE - ROBIN MUTZ, RN, SVP, CHIEF NURSING EXECUTIVE - TRACY PARKS, DIRECTOR, QUALITY MANAGEMENT - RICHARD RO CHESTER, MANAGER BMT/CT CLINIC - JOHN SANDLUND, MD, ONCOLOGY, LEUKEMIA/LYMPHOMA - BRANDON TRIPLETT, MD, BONE MARROW TRANSPLANT AND CELL THERAPY - JOSHUA WOLF, MD, INFECTIOUS DISEASES NURSING - MIKE BURGESS, PEDIATRIC ONCOLOGY NURSE III WKD, INPATIENT, BONE MARROW TRANSPLANT - LORI CHRISTIAN, INPATIENT UNIT MANAGER - JASMIN ELIZARRARAS, PEDIATRIC ONCOLOGY NURSE I, INPATIENT - CAMILLE FILOROMO, BSN, MED, PHD, RN, NEA-BC, SENIOR DIRECTOR OF CLINICAL EXPERIENCE - ANGEL PARKER, INPATIENT UNIT COORDINATOR - BOB SCHROEDER, INTERIM UNIT MANAGER, ICU - NICOLE WRIGHT, NURSING PROFESSIONAL DEVELOPMENT EDUCATOR I ST JUDE PATIENT FAMILY ADVISORY COUNCIL - TEN MEMBERS OF THE COUNCIL PARTICIPATED ADOLESCENT ST JUDE PATIENTS - FIVE PATIENTS PARTICIPATED KEY INFORMANT INTERVIEWS HRIA CONDUCTED 26 INTERVIEWS, 11 WERE INTERNAL REPRESENTATIVES OF ST JUDE HOSPITAL AND 15 WERE EXTERNAL REPRESENTATIVES INTERVIEWEES REPRESENT A RANGE OF SECTORS, INCLUDING LEADERS IN HEALTH CARE AND HEALTH RESEARCH, GOVERNMENT, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED INTERVIEWS WERE APPROXIMATELY 30 MINUTES IN LENGTH INTERNAL KEY INFORMANT INTERVIEWS - ROBERT CLARK, MS, FACHE, CHIEF GOVERNMENT AFFAIRS OFFICER - JANICE ENGLISH, DIRECTOR, PATIENT AND FAMILY EXPERIENCE OFFICE - COLETTE HENDRICKS, VP-CLINICAL OPERATIONS - MELISSA M HUDSON, MD, DIRECTOR, CANCER SURVIVORSHIP DIVISION - MELISSA JONES, DIRECTOR, CANCER CENTER OPERATION - PAT KEEL, SVP/CMO - ELLIS NEUFELD, MD, PHD, EVP/CLINICAL DIRECTOR - CAROLYN RUSSO, MD, ASSOCIATE MEMBER/MEDICAL DIRECTOR AFFILIATE PROGRAM - VICTOR SANTANA, MD, MEMBER/SVP CLINICAL TRIALS - DANA WALLACE, DIRECTOR, CANCER CENTER ADMINISTRATION - SHEILA ANDERSON, RN, TRANSITION NURSE CASE MANAGER, HEMATOLOGY EXTERNAL KEY INFORMANT INTERVIEWS - CARLA BAKER, RN, PROJECT DIRECTOR, MEMPHIS BREAST CANCER EQUITY CONSORTIUM, COMMON TABLE HEALTH ALLIANCE - AMY DANIELS, SENIOR VICE PRESIDENT OF INVESTOR RELATIONS, MEMPHIS CHAMBER OF COMMERCE - JOAN HAN, MD, DIRECTOR, PEDIATRIC OBESITY PROGRAM, LE BONHEUR CHILDREN'S HOSPITAL - ALISA HAUSHALTER, DNP, RN, PHNA-BC, DIRECTOR, SHELBY COUNTY HEALTH DEPARTMENT - MICHELLE HEIL, SENIOR MANAGER, HOSPITAL SYSTEMS, AMERICAN CANCER SOCIETY, NORTH CENTRAL REGION - ANITA LARKIN, MSN, RN, CLINICAL DIRECTOR, METHODIST LE BONHEUR - MARIAN LEVY, DRPH, RD, FAND, ASSOCIATE</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | E DEAN, UNIVERSITY OF MEMPHIS SCHOOL OF PUBLIC HEALTH - VALERIE NAGOSHINER, CHIEF OF STAFF , TENNESSEE DEPARTMENT OF HEALTH - GARY SHORB, EXECUTIVE DIRECTOR, THE URBAN CHILD INSTITUTE - ANDREANA SMITH, DIRECTOR OF CLINICAL ADMINISTRATION, CHURCH HEALTH CENTER - WEBB A S MITH, PHD, CLINICAL EXERCISE PHYSIOLOGIST, HEALTHY LIFESTYLES CLINIC, LE BONHEUR CHILDREN' S HOSPITAL - JAMILA SMITH-YOUNG, DNP, MPH, CPNP-AC, NURSE PRACTITIONER, UT LE BONHEUR PEDI ATRIC SPECIALISTS DIVISION OF PEDIATRIC ENDOCRINOLOGY - CHARLES SNYDER, PHD, MPH, DIRECTOR , HEALTH DISPARITIES EDUCATION AND COMMUNITY ENGAGEMENT, UNIVERSITY OF TENNESSEE HEALTH SC IENCE CENTER - KATY SPURLOCK, DEPUTY DIRECTOR, THE URBAN CHILD INSTITUTE - ROBIN WOMEODU, MD, FACP, CHIEF MEDICAL OFFICER, METHODIST UNIVERSITY HOSPITAL |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 13H SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY |

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| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 15E SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 20E ST JUDE DOES NOT TAKE ANY OF THE COLLECTION ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 BECAUSE ST JUDE COVERS ALL TREATMENTS, COPAYS, DEDUCTIBLES, COINSURANCE AND ANY OTHER COST SHARING OBLIGATIONS THAT ARE NOT COVERED BY INSURANCE ST JUDE TAKES NO ACTION TO COLLECT FROM PATIENTS OR THEIR FAMILIES AND DOES NOT REPORT TO CREDIT AGENCIES |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 11 ST JUDE CHILDREN'S RESEARCH HOSPITALCOMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) IMPLEMENTATION PLAN UPDATE (06/30/19)ST JUDE CHILDREN'S RESEARCH HOSPITAL , INC CONDUCTED AND ADOPTED ITS THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FIS CAL YEAR 2019 AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED IN ORD ER OF PRIORITY IMPROVING ACCESS TO CARE- PALLIATIVE CARE- SERVICES AND RESOURCES FOR CAREG IVERSIMPROVING COORDINATION OF CARE- TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTH CARE- OUTPATIENT CARE EXPERIENCE TRANSITION OF CARE FROM SPECIALTY TO PRIMARY CARE PROVIDE RS- OUTPATIENT CARE EXPERIENCE PHYSICIAN COORDINATION OF CAREIMPROVING CHILD HEALTH STATUS - COMMUNITY HEALTH EDUCATION- PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VA CCINATION- HIV COLLABORATION WITH COMMUNITY COALITION- CHILD KNOWLEDGE OF CANCER PREVENTIO N, NUTRITION, OBESITY AND PHYSICAL ACTIVITYNO ACTIONS WERE TAKEN DURING FISCAL YEAR 2019 T O ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH ST JUDE CHILDREN'S RESEARCH HOS PITAL, INC 'S MOST RECENTLY CONDUCTED CHNA IN FISCAL YEAR 2019 THE THIRD CHNA WAS CONDUCT ED AND ADOPTED AT THE END OF FISCAL YEAR 2019, THEREFORE, THESE HEALTH NEEDS WILL BE ADDRE SSED OVER THE NEXT THREE TAX YEARS ALL SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ST JUDE CHI LDREN'S RESEARCH HOSPITAL, INC 'S MOST RECENTLY CONDUCTED CHNA ARE BEING ADDRESSED ST JUD E CHILDREN'S RESEARCH HOSPITAL, INC DID TAKE THE FOLLOWING ACTIONS DURING FISCAL YEAR 201 9 WITH RESPECT TO ITS PREVIOUSLY CONDUCTED CHNA IN FISCAL YEAR 2016 ST JUDE PATIENT POPU LATION AND CLINICAL FOCUSTHE COMMUNITY SERVED BY ST JUDE CAN BEST BE DEFINED BY UNDERSTAN DING ST JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES ST JUDE IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CANCER AND BLOOD DISORDERS, AND CHILDREN AND ADOLESCENTS W ITH HIV INFECTION IT SERVES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CANCER AS WEL L AS A LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND HIV/AIDS ST JUDE TREATS CHILDREN AND YOUNG ADULTS WITH NEWLY DIAGNOSED OR SUSPECTED PEDIATRIC CANCER, HIV INFECTIONS OR CERTAIN HEMATOLOGIC OR GENETIC DISEASES WE ACCEPT MOST PATIENTS OUTSIDE OUR PRIMARY MARKET BASED ON A REFERRAL FROM THEIR PHYSICIAN OR AN AFFILIATE CLINIC, THEIR AGE, AND THEIR ABILITY TO ENROLL IN AN OPEN CLINICAL TRIAL IN ADDITION TO BEING TREATED AT ST JUDE, PATIENTS MAY HAVE THE OPTION TO RECEIVE CARE AT ONE OF OUR EIGHT REGIONAL AFF ILIATE CLINICS ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RE SEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN MORE SPECIFICALLY, APPROXIMATELY 8,600 PATIENTS ARE SEEN AT ST JUDE ANNUALLY FOR ACTIVE THERAPY, TREATMENT-COMPLETION MONITORING, SURVIVORSHIP SUPPORT, OR PARTICIPATION IN RESEA RCH PROGRAMS THE HOSPITAL IS LICENSED FOR 80 INPATIENT BEDS AND CURRENTLY STAFFS 73 BEDS FOR PATIENTS REQUIRING HOSPITA |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | LIZATION DURING TREATMENT IT SHOULD BE NOTED THAT ST JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS WHO MAY HAVE BEEN ADMITTED AS INPATIENTS AT MOST HOSPITALS TO BE TREATED AS OUTPATIENTS THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING DEDICATED SOLELY TO ST JUDE PATIENT FAMILIES, DESIGNED WITH INFECTION CONTROL MEASURES SUCH AS HEPA AIR FILTRATION, INFECTION-RESISTANT SURFACES, AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS' HOMES THE ST JUDE AFFILIATE PROGRAM MAKES TREATMENTS DEVELOPED AS CLINICAL TRIALS AT ST JUDE CHILDREN'S RESEARCH HOSPITAL AVAILABLE TO MORE CHILDREN BY OFFERING MUCH OF THE CARE CLOSE TO HOME THE ST JUDE AFFILIATE PROGRAM IS A NETWORK OF PEDIATRIC HEMATOLOGY-ONCOLOGY CLINICS, HOSPITALS, AND IN SOME CASES, UNIVERSITIES UNITED TO EXTEND THE MISSION OF ST JUDE THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF OF ST JUDE TO DELIVER STATE-OF-THE-ART CARE AND INNOVATIVE CLINICAL TRIALS TO CHILDREN WITH CANCER AND BLOOD DISORDERS ST JUDE ALSO OPERATES ST JUDE GLOBAL ITS MISSION IS TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY, AND ORGANIZATIONAL SKILLS THERE ARE 3 OVERRIDING GOALS - TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION- TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES- TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE ST JUDE IS A RESEARCH ORGANIZATION, AND THERE ARE TIMES WHEN BASIC RESEARCH DISCOVERIES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF DISEASES TREATED AS A PRIMARY DIAGNOSIS AT ST JUDE FOR THE PURPOSES OF THIS REPORT, THE FOCUS IS SOLELY ON THOSE DISEASES FOR WHICH CHILDREN ARE ADMITTED TO ST JUDE FOR TREATMENT CONSISTENT WITH ST JUDE'S PREVIOUS CHNA, THE FINDINGS IN 2016 HIGHLIGHTED THE ISSUES OF ACCESS TO CARE, CHILDHOOD CANCER, SICKLE CELL DISEASE AND HEMATOLOGY PATIENTS, LIVING WITH HIV AND AIDS, NEEDS OF THE PATIENTS' FAMILIES AND CAREGIVERS, POST TREATMENT AND CARE TRANSITION, HEALTH STATUS OF THE MEMPHIS COMMUNITY AND ADDITIONAL GAPS FOR THE GENERAL PEDIATRIC POPULATION ST JUDE HAS CHOSEN TO ADDRESS THESE NEEDS IN THREE GENERAL AIMS IMPROVING ACCESS TO CARE, ENHANCING COORDINATION OF CARE AND IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY LIFESTYLE EDUCATION AND PREVENTION FOR CHILDREN THESE AIMS, WHICH OFTEN ADDRESS MULTIPLE ISSUES IDENTIFIED IN THE CHNA, WERE CHOSEN BECAUSE THEY ARE ALIGNED WITH OUR MISSION AND OUR CAPABILITIES BELOW ARE THE THREE AIMS AND CORRESPONDING INITIATIVES DEVELOPED AIM #1 IMPROVING ACCESS TO CAREPEDIATRIC HEALTH NEED ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGEHEALTH FACILITIES |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
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| ST JUDE CHILDREN'S RESEARCH HOSPITAL | <p>ES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, MANAGED CARE DEPARTMENTANTICIPATED OUTC OME UNINSURED PATIENTS WILL BE OFFERED ASSISTANCE REGARDING ENROLLMENT IN GOVERNMENTAL OR OTHER PROGRAMS ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 CONTINUE TO PROVIDE ASSISTAN CE TO FAMILIES WITH ENROLLMENT 2 PERIODIC REVIEW OF IDENTIFICATION AND SCREENING PROCESSE S TO ENSURE ALL UNINSURED PATIENTS ARE OFFERED ASSISTANCE 3 WORK WITH PATIENTS TRANSITION ING TO CARE POST ST JUDE SELECTED ACCOMPLISHMENTS THE AGREEMENT WITH FIRSTSOURCE SOLUTION S USA, LLC DBA MEDASSIST IS RENEWED ANNUALLY MEDASSIST IS THE VENDOR USED TO HELP UNINSUR ED PATIENTS OBTAIN MEDICAID OR OTHER INSURANCE AN AUDIT OF THE SCREENING PROCESS HAS BEEN DEVELOPED AND WILL CONTINUE TO BE CONDUCTED ON A MONTHLY BASIS TO ENSURE THAT ALL FAMILIES ARE GIVEN ASSISTANCE WITH THE SCREENING AND ENROLLMENT PROCESS FY19 - 99 66% OF ST JUDE' S UNINSURED PATIENTS WERE OFFERED ASSISTANCE - 153 UNINSURED PATIENTS WERE ENROLLED IN HEA LTH PLANS - LESS THAN 1% OF UNINSURED PATIENTS WERE NOT CONTACTED BECAUSE THEY WERE ONLY B RIEFLY AT ST JUDE PEDIATRIC HEALTH NEED PALLIATIVE CAREHEALTH FACILITIES INVOLVED ST JUD E CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF ONCOLOGY, DIVISION OF QUALITY OF LIFE AND PA LLIATIVE CAREANTICIPATED OUTCOME CONTINUE TO TRAIN CLINICIANS IN PALLIATIVE CARE MEDICINE (PCM) AND OFFER EDUCATIONAL OPPORTUNITIES FOR PCM ACTION ITEMS TO MEET IDENTIFIED HEALTH N EED 1 RECRUIT AND TRAIN TWO PHYSICIAN FELLOWS IN THE PALLIATIVE CARE TRAINING PROGRAM 2 PROVIDE TRAINING IN PALLIATIVE CARE FOR ADVANCED PRACTICE HEALTHCARE PERSONNEL THROUGH TAR GETED CONFERENCES AND OTHER EDUCATIONAL OPPORTUNITIES INCLUDING END-OF-LIFE NURSING EDUCAT ION CONSORTIUM (ELNEC) CONFERENCE, AN INSTITUTION-DEVELOPED QUALITY OF LIFE SEMINAR (QOL), AND A 2-DAY PEDIATRIC ONCOLOGY PALLIATIVE CARE CONFERENCE 3 EDUCATE COMMUNITY PROVIDERS ABOUT PCM THROUGH COMMUNITY-BASED BRIDGING PROGRAMS FOR HOME HEALTH AND HOSPICE CARE THROU GH THE QUALITY OF LIFE FOR ALL KIDS PROGRAM VIA A THREE-HOUR DIDACTIC CURRICULUM 4 ENHANC E TRAINING OPPORTUNITIES WITH ST JUDE AFFILIATES SELECTED ACCOMPLISHMENTS - EACH YEAR THE PALLIATIVE CARE TRAINING PROGRAM HAS BEEN SUCCESSFUL IN RECRUITING AND TRAINING TWO PHYSI CIAN FELLOWS - PALLIATIVE CARE MEDICINE FELLOWSHIP NOW TRAINS 5 MD'S PER YEAR - ENROLLMENT FY16 FY17 FY18ELNEC 32 78 35QOLA 37 29 45PPOS 325 340*PPOS - PEDIATRIC PALLIATIVE ONCOLO GY SYMPOSIUM</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| IN ADDITION, ALL BEDSIDE NURSES ARE REQUIRED TO COMPLETE ELNEC WITHIN THREE | YEARS ALSO, INPATIENT AND OUTPATIENT NURSES ARE REQUIRED AND SUPPORTED TO COMPLETE BOTH S EMINARS (A TOTAL OF 24 5 CEUS IN PCM) - COMMUNITY PROVIDER EDUCATION HAPPENS TWICE A MONTH THROUGH ST JUDE'S COMBINED FELLOWSHIP PROGRAM BOARD REVIEW SERIES EACH SESSION AVERAGES 10 ATTENDEES RANGING FROM GRADUATE STUDENTS TO MEDICAL STUDENTS TO ADVANCED CLINICIANS - THE SJ AFFILIATE STAFF ARE INVITED TO PARTICIPATE IN ELNEC, THE QOL SEMINAR AND THE PEDIAT RIC PALLIATIVE ONCOLOGY SYMPOSIUM AT NO COST, AND ARE INCLUDED IN THE NUMBERS CITED ABOVE - REGULAR PRESENTER IN AFFILIATE NURSING CONFERENCE - 2 RESEARCH ARTICLES RESULTED FROM TH IS CHNA AND CAN BE FOUND IN EXHIBIT 1 PEDIATRIC HEALTH NEED HEALTHCARE OF CHILDHOOD CANCER SURVIVORSHEALTH FACILITIES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, ONCOLOGY DIVIS ION, CANCER SURVIVORSHIP DEPARTMENTANTICIPATED OUTCOME PROVIDE CANCER SURVIVORSHIP INFORMA TION TO BOTH CAREGIVERS AND SURVIVORS VIA SURVIVORS' DAY CONFERENCE AND ST JUDE LIFE THE ST JUDE LIFE PROGRAM WILL INCREASE ENROLLMENT WITHIN A DEFINED COHORT UNTIL ALL ELIGIBLE SURVIVORS HAVE BEEN APPROACHED ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 PROVIDE WOR KSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT AVAILABLE RESOURCES 2 GIVE SURVIVORS AND THEIR FAMILIES THE OPPORTUNITY TO LEARN FROM OTHER SURVIVORS 3 ENSURE THAT SURVIVORS UND ERSTAND HOW TO APPROACH HEALTHCARE POST-TREATMENT 4 OFFER AN ONLINE RESOURCE FOLLOWING TH E CONFERENCE FOR CONTINUOUS FLOW OF SURVIVORSHIP INFORMATION 5 ASSESS LATE EFFECTS OF CAN CER THERAPY ON PEDIATRIC CANCER SURVIVORS 6 USE INFORMATION FROM THESE STUDIES TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTION SELECTED ACCOMPLISHMENTS THE ST JUDE FACULTY PROVIDE LECTURES AND PARTICIPATE IN WORKSHOPS RELATED TO A VARIETY OF SUR VIVORSHIP ISSUES AUDIENCES INCLUDE HEALTH CARE PROVIDERS OF SURVIVORS, SURVIVORS AND THEI R FAMILIES - 3 LECTURES/WORKSHOPS PROVIDED BY MELISSA M HUDSON AND CAN BE FOUND IN EXHIBI T 1 - 1 LECTURE/WORKSHOP PROVIDED BY DANIEL MULROONEY AND CAN BE FOUND IN EXHIBIT 1 - 5 LE CTURES/WORKSHOPS PROVIDED BY MATTHEW EHRHARDT AND CAN BE FOUND IN EXHIBIT 1 STORIES OF RES ILIENT SURVIVORS AND RESOURCES AVAILABLE TO OVERCOME PHYSICAL AND PSYCHOSOCIAL CHALLENGES OF SURVIVORSHIP HAVE BEEN FEATURED IN THE ST JUDE LIFETIME COHORT LIFELINE AND LONG-TERM FOLLOW-UP STUDY NEWSLETTERS - ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE POST-TREATMENT SURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF THERAPY (ACT) AND ST JUDE LIFETIME COHORT CLINICS ROUTINELY RECEIVE COUNSELING ABOUT THEIR HEALTH HIS TORY, CANCER-RELATED HEALTH RISKS, HEALTH SCREENING RECOMMENDED FOR THEIR SPECIFIC CANCER TREATMENT EXPOSURES, AND METHODS OF RISK REDUCTION A SURVIVORSHIP CARE PLAN IS PROVIDED A T THE FIRST EVALUATION THAT DETAILS THE CANCER DIAGNOSIS, TREATMENT, MAJOR HEALTH EVENTS T HAT HAVE OCCURRED DURING AND AFTER THERAPY, CANCER-RELATED HEALTH RISKS, AND RECOMMENDED H EALTH SCREENING THE SURVIVORS |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| IN ADDITION, ALL BEDSIDE NURSES ARE REQUIRED TO COMPLETE ELNEC WITHIN THREE | HIP CARE PLAN IS UPDATED AFTER EVERY HEALTH EVALUATION - FOR SURVIVORS WHO DO NOT WISH TO PARTICIPATE IN THE ACT OR ST JUDE LIFETIME COHORT PROGRAMS, THESE SAME SERVICES ARE AVAIL ABLE THROUGH THE ST JUDE ALUMNUS PROGRAM OFFICE - SURVIVORSHIP STAFF ARE INVOLVED IN MULT IDISCIPLINARY EFFORTS TO INTRODUCE AND CONSISTENTLY ADDRESS SURVIVORSHIP TRANSITION ISSUES , PARTICULARLY PSYCHOSOCIAL AND REHABILITATION NEEDS, AT EARLIER TIME POINTS AFTER DIAGNOS IS THEIR EFFORTS ARE REFLECTED IN THE NEWLY DEVELOPED TRANSITION ONCOLOGY PROGRAM PERIODI C BRIEF PUBLICATIONS FEATURE SURVIVOR STORIES AND EDUCATIONAL TOPICS - LONG-TERM FOLLOW-UP NEWSLETTERS (AVAILABLE AT HTTPS //LTFU STJUDE ORG/) ARE PUBLISHED ON A QUARTERLY BASIS - LIFELINE NEWSLETTERS (AVAILABLE AT HTTPS //WWW STJUDE ORG/TREATMENT/SURVIVORSHIP/PARTICIPA TE-IN- ST-JUDE-LIFE-STUDY/LIFELINE-NEWSLETTER.HTML) ARE PUBLISHED SEMIANNUALLY PEDIATRIC H EALTH NEED COMMUNITY EDUCATIONHEALTH FACILITIES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSP ITAL, COMMUNICATIONS & PUBLIC RELATIONS DEPARTMENTANTICIPATED OUTCOME INCREASE THE NUMBER OF RADIO EDUCATION SPOTS, ARTICLES AND SOCIAL MEDIA REGARDING HEALTHCARE RESOURCES AND HEA LTHCARE CAREERS ANNUALLY ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 ST JUDE PROFESSIO NALS WILL PROVIDE INFORMATION AND RESOURCES ABOUT SICKLE CELL DISEASE, HIV, CANCER, FLU, A ND OTHER PEDIATRIC LIFE-THREATENING DISEASES 2 OFFER EDUCATIONAL OPPORTUNITIES AND OTHER INFORMATION ABOUT HEALTHCARE CAREERS SELECTED ACCOMPLISHMENTS ST JUDE PROFESSIONALS PROV IDING INFORMATION AND RESOURCES - ST JUDE CONDUCTED 30-SECOND EDUCATIONAL RADIO SPOTS IN FY19 TOPICS INCLUDED HIV VOICES PROJECT, AIDS SUPPORT, SICKLE CELL STEP, BLOOD DONOR CEN TER AND THE HPV VACCINE FOR CANCER PREVENTION - ST JUDE FOCUSED EDUCATION EFFORTS ON PROM OTING THE HPV VACCINE EFFORTS INCLUDED CONCENTRATED MEDIA RELATIONS PITCHING, DEDICATED S OCIAL MEDIA POSTS, BLOGS AND A RADIO PSA - MEDIA RELATIONS EFFORTS RESULTED IN A NUMBER OF ST JUDE PROFESSIONALS BEING INTERVIEWED THIS YEAR ON COMMUNITY SUBJECTS INCLUDING HIV, H PV VACCINATION, SLEEP HEALTH, FLU AWARENESS AND REMINDERS TO GET THE FLU VACCINE INFORMAT ION FROM DR RICHARD WEBBY AND HIS TEAM ABOUT THE FLU VACCINE APPEARED IN MORE THAN 240 NE WS PIECES, INCLUDING TWO LOCAL MEMPHIS STORIES - "PROMISE" MAGAZINE IS MAILED TO BETWEEN 250,000 AND 300,000 READERS EACH QUARTER, INCLUDING DONORS, EMPLOYEES, PATIENTS, PEER INSTI TUTIONS, CEOS OF FORTUNE 500 COMPANIES, SELECT MEDIA AND INDIVIDUALS WHO SUBSCRIBE THROUGH OUR ONLINE SUBSCRIPTION FORM ALL THE ARTICLES APPEAR ONLINE, WHERE THEY HAVE AN EVEN WID ER READERSHIP AN E-NEWSLETTER VERSION OF "PROMISE" IS ALSO SENT TO NEARLY 10,000 SUBSCRIB ERS QUARTERLY - APPROXIMATELY 120 LOCAL HIGH SCHOOL STUDENTS AND TEACHERS VISITED ST JUDE IN FEBRUARY 2019 FOR THE FOURTH ANNUAL SCIENCE SCHOLARS OF TOMORROW SYMPOSIUM THE DAY-LO NG EVENT FEATURED SCIENTIFIC PRESENTATIONS AND TOURS OF LABORATORIES, CLINICS AND CORE FAC ILITIES, ENABLING STUDENTS TO |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| IN ADDITION, ALL BEDSIDE NURSES ARE REQUIRED TO COMPLETE ELNEC WITHIN THREE | INTERACT WITH SCIENTISTS AND CLINICIANS - MORE THAN 9,000 CANCER SURVIVORS, INCLUDING LOCAL MEMPHIS RESIDENTS, RECEIVED PACKAGES CELEBRATING CANCER SURVIVORSHIP, INCLUDING A PAMPHLET ABOUT BEING A SURVIVOR AND WHERE TO FIND IMPORTANT INFORMATION - 6 ARTICLES RELATED TO COMMUNITY EDUCATION WERE PUBLISHED IN "PROMISE" MAGAZINE AND CAN BE FOUND IN EXHIBIT 1 PEDIATRIC HEALTH NEEDS ST. JUDE AFFILIATE NETWORKHEALTH FACILITIES INVOLVED ST. JUDE CHILDREN'S RESEARCH HOSPITAL, AFFILIATE PROGRAM OFFICEANTICIPATED OUTCOME THE ST. JUDE AFFILIATE NETWORK SHOULD BE MAINTAINED TO EXPAND OPPORTUNITIES FOR SERVICES TO A LARGER NUMBER OF CHILDREN THE NUMBER OF PATIENTS ENROLLED IN ST. JUDE PRIMARY THERAPEUTIC PROTOCOLS FROM THE AFFILIATE CLINICS WILL INCREASE ACTION ITEMS TO MEET IDENTIFIED HEALTH NEEDS 1. CONTINUE TO ENHANCE OPERATIONS AND INCREASE PATIENT VISITS AT ALL CLINICS SELECTED ACCOMPLISHMENTS - ESTABLISHED ST. JUDE CENTRAL INSTITUTIONAL REVIEW BOARD TO FACILITATE LOCAL ENROLLMENT IN PRIMARY THERAPEUTIC CLINICAL TRIALS - COMPLETED SEVERAL QUALITY IMPROVEMENT INITIATIVES WHICH RESULTED IN MAINTENANCE OF CERTIFICATION CREDIT - PROVIDED FORMAL QUALITY IMPROVEMENT TRAINING FOR AFFILIATE STAFF - CREATED PATIENT NAVIGATOR POSITION TO IMPROVE PATIENT TRANSITION TO AFFILIATE SITES - DEVELOPED QUARTERLY EDUCATIONAL WEBINAR SERIES |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------------|--|
| AIM #2 ENHANCING COORDINATION OF CARE | <p>PEDIATRIC HEALTH NEED PHYSICIAN COORDINATION OF CAREHEALTH FACILITIES INVOLVED ST JUDE CH ILDREN'S RESEARCH HOSPITAL, ST JUDE AFFILIATE INSTITUTIONS, ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERSANTICIPATED OUTCOME IMPROVE CONTINUITY OF CARE BY ENHANC ING COMMUNICATION TOOLS AND EFFORTS TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATI ENT INFORMATION ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 CONTINUE TO IMPROVE THE CLI NICIAN PORTAL TO PERMIT REFERRING AND AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN ACCORDANCE WITH APPLICABLE LAW SELECTED ACCOMPLISHMENTS - CLINICIAN PORTAL WORK IS ONGOING EXTERNAL PHYSICIAN TESTING HAS BEEN COMPLETED AND FEEDBACK HAS BEEN RECE IVED - IN A LIMITED SCOPE, ST JUDE PROVIDERS NOW HAVE THE ABILITY VIA DIRECT EMAIL (ENCRY PTED PROVIDER DIRECTORY DEVELOPED FOR SECURE DATA EXCHANGE) TO SEND AN ELECTRONIC SUMMARY OF CARE, ALONG WITH OTHER DOCUMENTS AS ATTACHMENTS, TO OUTSIDE PHYSICIANS TO WHOM WE ARE R EFERRING OUR PATIENTS WE WILL ALSO BE ABLE TO RECEIVE AN ELECTRONIC TRANSITION OF CARE DO CUMENT FROM OUTSIDE PROVIDERS AND AFFILIATES WHO ARE REFERRING A PATIENT TO ST JUDE THIS WILL BE ROLLING OUT IN A LIMITED AVAILABILITY THROUGH THE END OF THE YEAR SINCE IT REQUIR ES OUTSIDE PROVIDERS TO HAVE A SPECIAL SECURE CONNECTION - PROVIDERS IN THE AFFILIATE PRO GRAM NOW HAVE ACCESS TO THEIR PATIENTS' ST JUDE ELECTRONIC MEDICAL RECORD PEDIATRIC HEALT H NEED TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE SERVICEHEALTH FACILITIES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF HEMATOLOGY, CLINICAL HEMATOL OGY DIVISION, DIGGS-KRAUS SICKLE CELL CENTER AT REGIONAL ONE HEALTH, METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER (MCSCC) ANTICIPATED OUTCOME INCREASE THE NUMBER OF PATIENT S WITH SICKLE CELL DISEASE WHO ESTABLISH SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST JUDE ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 CONTINUE TO WORK WITH ADULT SI CKLE CELL CENTERS IN THE COMMUNITY TO ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE 2 ENHANCE ADOLESCENT AND YOUNG ADULTS (AYA) TRANSITION CLINICS WITH CO-LOCATION OF PEDIATRI C AND ADULT HEMATOLOGY PROVIDERS 3 AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE EDUCAT IONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED ADOLESCENT AUTONOMY AND MEDICAL LITERACY SELECTED ACCOMPLISHMENTS BELOW, 2017 AND 2018 ARE INCLUDED DUE TO A LAG IN DATA 2017- 43 PATIENTS GRADUATED FROM ST JUDE BY DECEMBER 2017 - 38 TRANSFERRED TO ADULT CENTE RS, FOR A RATE OF ADULT CARE PLACEMENT OF 88% (5 NEVER ESTABLISHED CARE WITH ADULT PROVIDE R) - 12-MONTH RETENTION IN ADULT CARE 79% - 1 EXPIRED TRANSFERRED TO ADULT CARE 5/9/17, INITIAL ADULT APPOINTMENT 6/22/17, EXPIRED 2/7/18 (MCSCC) - 7 WERE LOST TO FOLLOW UP/DISCO NTINUED ADULT CARE AFTER TRANSFERRING OUT OF ST JUDE - 24-MONTH RETENTION IN ADULT CARE NEED TO WAIT UNTIL END OF 2019</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| AIM #2 ENHANCING COORDINATION OF CARE | <p>TO CALCULATE FINAL RATE 2018- 33 PATIENTS GRADUATED FROM ST JUDE BY DECEMBER 2018 - 31 T RANSFERRED TO ADULT CENTERS, FOR A RATE OF ADULT CARE PLACEMENT OF 94% - NOT INCLUDED IS 4 THAT RECEIVED LETTERS AND 1 RELOCATED 31 OF 33 ESTABLISHED CARE - ADULT CARE RETENTION AT THE END OF 2019 WE WILL HAVE THE 12-MONTH ADULT CARE RETENTION DATA FOR 2018, AND AT T HE END OF 2020 WE WILL HAVE THE 24-MONTH ADULT CARE RETENTION DATA FOR 2018 AIM #3 IMPROVI NG CHILD HEALTH STATUS THROUGH HEALTHY LIFESTYLE EDUCATION AND PREVENTION FOR CHILDRENPEDI ATRIC HEALTH NEED CHILD KNOWLEDGE OF CANCER PREVENTION, NUTRITION, OBESITY, AND PHYSICAL A CTIVITYHEALTH FACILITIES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, GLOBAL PEDIATRIC MEDICINEANTICIPATED OUTCOME INCREASE THE NUMBER OF STUDENTS AND TEACHERS PARTICIPATING IN ST JUDE CANCER AND HEALTHY LIVING EDUCATION PROGRAM ACTION ITEMS TO MEET IDENTIFIED HEALT H NEED 1 EVALUATE THE EFFECTIVENESS OF THE ST JUDE CANCER EDUCATION FOR CHILDREN CURRICU LUM AT INCREASING CHILDREN'S KNOWLEDGE OF CANCER AND HEALTHY LIVING TOPICS (NUTRITION, EXE RCISE, SUN PROTECTION, AVOIDING TOBACCO) 2 PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSE MINATE CANCER AND HEALTHY LIVING EDUCATIONAL PROGRAMS SELECTED ACCOMPLISHMENTS - OVER 2,0 00 MEMPHIS-AREA K-12 STUDENTS RECEIVED HEALTHY LIFESTYLES EDUCATION THE ST JUDE CANCER E DUCATION AND OUTREACH PROGRAM PROVIDES STUDENTS IN GRADES K-12 EDUCATION AND POSITIVE REIN FORCEMENT TO HELP PROMOTE HEALTHY LIFESTYLE CHOICES AND TO REDUCE A CHILD'S LIFETIME RISK OF CANCER THE PROGRAM SPECIFICALLY ADDRESSES OBESITY, NUTRITION, SMOKING, AND SUN EXPOSUR E, IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER PREVENTION DURING TH E 2018-2019 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM PARTNERED WITH 19 SCHOOLS TO DELIVER EDU CATIONAL CONTENT TO OVER 2,000 K-12 STUDENTS IN THE MEMPHIS AREA - 1 RESEARCH ARTICLE RESU LTED FROM THIS EVALUATION EXHIBIT 1</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-------------------------|---|
| LECTURES PROVIDED | <p>HEALTHCARE OF CHILDHOOD CANCER SURVIVORS- AMERICAN ACADEMY OF PEDIATRICS, NATIONAL CONFERENCE & EXHIBITION, "AFTER THE CANCER CRISIS LONG TERM ISSUES FOR CHILDHOOD CANCER SURVIVORS", ORLANDO, FLORIDA, NOVEMBER 5, 2018 - AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGY ONCOLOGY ANNUAL MEETING, LUMINARY SPEAKER, "THE ROLE OF SURVIVORSHIP RESEARCH IN ADVANCING CHILDHOOD CANCER CARE AND QUALITY OF SURVIVAL", NEW ORLEANS, LOUISIANA, MAY 4, 2019 - ADOLESCENT AND YOUNG ADULT LYMPHOMA SCIENTIFIC WORKSHOP AND INAUGURAL AYA LYMPHOMA CONSORTIUM MEETING , HEALTH OUTCOMES AND SURVIVORSHIP RESEARCH OF AYA LYMPHOMA, CHICAGO, ILLINOIS, MAY 15, 2019 - STATE OF THE HEART CARDIO-ONCOLOGY AT ST JUDE, ST JUDE GRAND ROUNDS, ST JUDE CHILDREN'S RESEARCH HOSPITAL MEMPHIS, TN, FEBRUARY 14, 2019 - SURVIVING CHILDHOOD CANCER ST JUDE MIDWEST AFFILIATE PEDIATRIC CANCER SURVIVORSHIP CONFERENCE, PEORIA, IL, JANUARY 2019 - CANCER SURVIVORSHIP AND THE AFTER COMPLETION OF THERAPY CLINIC ST JUDE MIDWEST AFFILIATE ASSOCIATION OF PEDIATRIC HEMATOLOGY/ONCOLOGY NURSES (APHON), PEORIA, IL, JANUARY 2019 - CANCER SURVIVORSHIP LATE HEALTH EFFECTS, RISK-BASED SCREENING, AND OPTIMIZING CARE DELIVERY CHILDREN'S HOSPITAL OF ILLINOIS/UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE PEDIATRIC GRAND ROUNDS, PEORIA, IL, JANUARY 2019 - CANCER SURVIVORSHIP LATE HEALTH EFFECTS, RISK-BASED SCREENING, AND OPTIMIZING CARE DELIVERY SANFORD CHILDREN'S HOSPITAL PEDIATRIC GRAND ROUNDS, SIOUX FALLS, SD, MAY 2019 - OBESITY AND THE METABOLIC SYNDROME IN CHILDHOOD CANCER SURVIVORS ST JUDE CHILDREN'S RESEARCH HOSPITAL AFFILIATE PHYSICIANS' CONFERENCE, MEMPHIS , TN, MAY 2019 "PROMISE" MAGAZINE ARTICLES PUBLISHED COMMUNITY EDUCATION- FIELD OF GENES HISPANIC CHILDREN AND ALL (SPRING 2019)- FLU FIGHTERS HOW THE IMMUNE SYSTEM PROTECTS INFANTS FROM INFLUENZA (WINTER 2019)- LI-FRAUMENI STRENGTH IN NUMBERS (AUTUMN 2018)- EXERCISE YOUR OPTIONS (AUTUMN 2018)- BRAIN BOOSTER (AUTUMN 2018)- PARTNERS FOR HIV PREVENTION (SUMMER 2018)RESEARCH ARTICLES PUBLISHED PALLIATIVE CARE- KAYE, E , APPLEGARH, J , GATTAS, M , KIEFER, A , REYNOLDS, J , ZALUD, K , & BAKER, J (2019) HOSPICE NURSES REQUEST PEDIATRIC -SPECIFIC EDUCATIONAL RESOURCES AND TRAINING PROGRAMS TO IMPROVE CARE FOR CHILDREN AND FAMILIES IN THE COMMUNITY QUALITATIVE DATA ANALYSIS FROM A POPULATION-LEVEL SURVEY PALLIATIVE MEDICINE, DOI 10.1177/0269216319866576- KAYE, E , GATTAS, M , KIEFER, A , REYNOLDS, J , ZALUD, K , LI, C , LU, Z , & BAKER, J (2019) PROVISION OF PALLIATIVE AND HOSPICE CARE TO CHILDREN IN THE COMMUNITY A POPULATION STUDY OF HOSPICE NURSES JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, DOI HTTPS //DOI.ORG/10.1016/J.JPAINSYMMAN.2018.10.509CHILD KNOWLEDGE OF CANCER PREVENTION, NUTRITION, OBESITY, AND PHYSICAL ACTIVITY- AYERS, K , LI, Z , VILLALOBOS, A , & KLOSKY, J (2019) EVALUATION OF THE ST JUDE CANCER EDUCATION FOR CHILDREN PROGRAM ON CANCER RISK AWARENESS, ATTITUDES, AND BEHAVIORAL INTENTIONS AMONG FOURTH-GRADE SCIENCE STUDENTS COMPARISONS BETWEEN</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|-------------------------|--|
| LECTURES PROVIDED | RACIALLY IDENTIFIABLE/HIGH-POVERTY SCHOOLS AND RACIALLY DIVERSE/AFFLUENT SCHOOLS JOURNAL OF CANCER EDUCATION, DOI 10 1007/S13187-019-1476-3 |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--------------------------------------|---|
| ST JUDE CHILDREN'S RESEARCH HOSPITAL | PART V, SECTION B, LINE 7A THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW STJUDE ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT HTML ST JUDE CHILDREN'S RESEARCH HOSPITAL PART V, SECTION B, LINE 10A THE HOSPITAL FACILITY'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL HTTPS //WWW STJUDE ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT HTML ST JUDE CHILDREN'S RESEARCH HOSPITAL PART V, SECTION B, LINE 14 ST JUDE CURRENTLY DOES NOT BILL NOR PURSUE PAYMENT FOR ANY ST JUDE PATIENT, THEREFORE, ST JUDE DOES NOT HAVE A BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS ST JUDE CHILDREN'S RESEARCH HOSPITAL PART V, SECTION B, LINE 16A THE FAP WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML ST JUDE CHILDREN'S RESEARCH HOSPITAL PART V, SECTION B, LINE 16B BASED ON THE FINANCIAL ASSISTANCE STATEMENT (HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL- ASSISTANCE-STATEMENT HTML) AND FINANCIAL ASSISTANCE POLICY (HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY HTML), ST JUDE DOES NOT HAVE AN APPLICATION FORM ST JUDE CHILDREN'S RESEARCH HOSPITAL PART V, SECTION B, LINE 16C A PLAIN LANGUAGE SUMMARY WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL HTTPS //WWW STJUDE ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT HTML |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
62-0646012

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | ST JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVELY INVOLVED WITH THE DONEE THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THE SUPPORT IS USED APPROPRIATELY |

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| UNIVERSITY OF TENNESSEE 50 NORTH DUNLAP MEMPHIS, TN 38105 | 62-6001636 | GOVERNMENT ENTITY | 787,209 | | | | COLLABORATION AND SUPPORT AGREEMENT |
| SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637 | 37-0662569 | 501(C)(3) | 490,909 | | | | OPERATION OF ST JUDE CLINIC |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHURCH HEALTH CENTER OF MEMPHIS 1350 CONCOURSE AVE SUITE 142 MEMPHIS, TN 38104 | 58-1716113 | 501(C)(3) | 200,000 | | | | FINANCIAL SUPPORT |
| FASEB SCIENCE RESEARCH 9650 ROCKVILLE PIKE BETHESDA, MD 20814 | 52-0700497 | 501(C)(3) | 15,000 | | | | SUPPORT HEMATOLOGIC MALIGNANCIES CONFERENCE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS 600 13TH STREET NW SUITE 500 WASHINGTON, DC 20005 | 58-2176067 | 501(C)(6) | 13,900 | | | | CONTRIBUTION |
| REGIONAL ONE HEALTHCARE FOUNDATION 877 JEFFERSON AVENUE MEMPHIS, TN 38103 | 58-1737037 | 501(C)(3) | 6,500 | | | | SPONSORSHIP |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|---|--|
| Department of the Treasury Internal Revenue Service | Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC | Employer identification number 62-0646012 |
|--|---|--|

| Part I Questions Regarding Compensation | | Yes | No |
|--|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | | 1b | Yes |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | 2 | Yes |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | FIRST-CLASS TRAVEL. ONE FORMER OFFICER PURCHASED TWO FIRST CLASS TICKETS, TWO OFFICERS EACH PURCHASED ONE FIRST CLASS TICKET. TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND ARE NOT RECORDED AS COMPENSATION. TRAVEL FOR COMPANIONS. FAMILY MEMBER OF ONE FORMER OFFICER, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION. TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND ARE NOT RECORDED AS COMPENSATION. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. A PAYMENT WAS ISSUED FOR RELOCATION FOR ONE OFFICER. THE APPLICABLE EXPENSE WAS GROSSED-UP AND INCLUDED IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION. |

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4B | THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE NO NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII |

| Return Reference | Explanation |
|---------------------|---|
| SCHEDULE J, PART II | RICHARD C SHADYAC, JR SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC |



Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL
 INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 790,449 | 0 | 49,746 | 99,580 | 19,111 | 958,886 | 46,182 |
| JAMES R DOWNING PRESIDENT/CEO | (i) | 1,054,860 | 150 | 79,487 | 120,250 | 23,803 | 1,278,550 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PATRICIA A KEEL SVP/CFO | (i) | 586,894 | 150 | 8,204 | 59,327 | 26,304 | 680,879 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JAMES I MORGAN EVP/SCIENTIFIC DIRECTOR | (i) | 558,621 | 150,150 | 9,015 | 30,250 | 26,304 | 774,340 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ELLIS NEUFELD EVP/CLINICAL DIRECTOR | (i) | 736,703 | 150 | 5,030 | 141,650 | 22,110 | 905,643 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MARY ANNA QUINN EVP/CHIEF ADMIN OFFICER | (i) | 461,803 | 150 | 9,015 | 30,250 | 23,744 | 524,962 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHARLES M ROBERTS EVP/DIRECTOR CANCER CENTER | (i) | 773,267 | 150 | 1,491 | 143,106 | 12,492 | 930,506 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CARLOS RODRIGUEZ-GALINDO EVP/CHAIR | (i) | 624,364 | 150 | 78,673 | 60,250 | 11,075 | 774,512 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANDREW DAVIDOFF CHAIR | (i) | 745,756 | 18,250 | 69,927 | 30,250 | 30,517 | 894,700 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DAVID ELLISON CHAIR | (i) | 712,822 | 17,850 | 5,074 | 93,501 | 16,216 | 845,463 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AMAR J GAJJAR CHAIR | (i) | 620,681 | 28,250 | 58,531 | 30,250 | 18,136 | 755,848 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS E MERCHANT CHAIR | (i) | 772,181 | 18,050 | 98,992 | 30,250 | 34,077 | 953,550 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHING-HON PUI CHAIR | (i) | 703,277 | 28,050 | 8,790 | 30,250 | 7,295 | 777,662 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WILLIAM E EVANS FACULTY/FORMER PRESIDENT/CEO | (i) | 654,652 | 17,850 | 8,790 | 30,250 | 11,075 | 722,617 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number

62-0646012

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
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| | | | | | |

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) MARY RELLING | SEE PART V | 529,674 | EMPLOYMENT | | No |
| (2) SUSANNA DOWNING | SEE PART V | 71,398 | EMPLOYMENT | | No |
| (3) DIANE ROBERTS | SEE PART V | 221,400 | EMPLOYMENT | | No |
| (4) JEREMY QUINN | SEE PART V | 87,543 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|---|---|
| SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | (A) NAME OF INTERESTED PERSON MARY RELLING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF FORMER OFFICER (PRESIDENT AND CEO), WILLIAM E EVANS (C) AMOUNT OF TRANSACTION \$529,674(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO |
| SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | (A) NAME OF INTERESTED PERSON SUSANNA DOWNING(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF PRESIDENT AND CEO, JAMES R DOWNING (C) AMOUNT OF TRANSACTION \$71,398(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO |
| SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | (A) NAME OF INTERESTED PERSON DIANE ROBERTS(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, CHARLES M ROBERTS (C) AMOUNT OF TRANSACTION \$221,400(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO |
| SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | (A) NAME OF INTERESTED PERSON JEREMY QUINN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF OFFICER, MARY ANNA QUINN (C) AMOUNT OF TRANSACTION \$87,543(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

62-0646012

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | FAMILY RELATIONSHIP AMONG DIRECTORS JOSEPH S AYOUB, JR , ESQ AND PAUL J AYOUB, ESQ , GEORGE A SIMON, II AND PAUL J SIMON, ROBERT A BREIT, MD AND JOSEPH G SHAKER, JOSEPH C SHAKER AND JOSEPH G SHAKER, PAUL J SIMON AND MICHAEL SIMON |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 4 | <p>ON SEPTEMBER 14, 2018, ST JUDE CHILDREN'S RESEARCH HOSPITAL MADE THE FOLLOWING AMENDMENTS TO ITS BYLAWS ARTICLE IV, SECTION 3 OF THE ST JUDE BYLAWS WAS AMENDED TO REQUIRE THAT A MINIMUM OF 70% OF THE INDIVIDUALS ELECTED BOARD MEMBERS BE INDEPENDENT AND REPRESENT THE COMMUNITY IN ACCORDANCE WITH APPLICABLE LAW AND GOVERNANCE POLICIES ADOPTED BY THE INDEPENDENT MEMBERS OF THE BOARD IN RELATED AMENDMENTS TO ITS COI POLICY, THE BOARD STATED A BOARD MEMBER IS "INDEPENDENT" IF HE/SHE WOULD BE CONSIDERED INDEPENDENT UNDER THE IRS' SECTION 501(C)(3) COMMUNITY BENEFIT STANDARD, AND PROVIDED GUIDANCE FOR THAT CONSIDERATION ARTICLE VI, SECTION 1 OF THE ST JUDE BYLAWS WAS AMENDED TO REQUIRE THAT ALL MEMBERS OF THE AUDIT, COMPENSATION, AND CONFLICT OF INTEREST COMMITTEES, AND 70% OF ALL OTHER COMMITTEES, BE INDEPENDENT AS DETERMINED IN ACCORDANCE WITH APPLICABLE LAW AND GOVERNANCE POLICIES ADOPTED BY THE INDEPENDENT MEMBERS OF THE BOARD ARTICLE XVI, SECTION 1 OF THE ST JUDE BYLAWS WAS AMENDED TO REQUIRE THAT NO MORE THAN TWO FAMILY MEMBERS AS DEFINED IN THE BYLAWS SHALL SERVE AS VOTING MEMBERS OF ANY BOARD COMMITTEE AT THE SAME TIME, AND TO UPDATE THE BOARD'S DEFINITION OF FAMILY MEMBER ON JUNE 21, 2019, ST JUDE CHILDREN'S RESEARCH HOSPITAL MADE THE FOLLOWING AMENDMENTS TO ITS BYLAWS ARTICLE VI, SECTION 1, PARAGRAPH 3 OF THE ST JUDE BYLAWS WAS AMENDED TO REDEFINE NOMINATING COMMITTEE MEMBERSHIP TO INCLUDE THE FOUR (4) MOST RECENT ACTIVE AND ELIGIBLE FORMER CHAIRS OF THE ALSAC AND HOSPITAL BOARDS AND THREE (3) OTHER VOTING MEMBERS WHO ARE NOT FORMER BOARD CHAIRS, EACH OF WHOM SHALL HAVE BEEN A VOTING MEMBER IN GOOD STANDING FOR A MINIMUM OF FIVE (5) CONSECUTIVE YEARS IF A VOTING MEMBER HAS SERVED AS CHAIR OF BOTH THE ALSAC AND HOSPITAL BOARDS, ONLY HIS OR HER MOST RECENT TERM SHALL BE CONSIDERED FOR NOMINATING COMMITTEE MEMBERSHIP A FORMER CHAIR OF THE ALSAC OR HOSPITAL BOARDS SHALL BE DEEMED TO BE ACTIVE AND ELIGIBLE FOR NOMINATING COMMITTEE MEMBERSHIP IF THEY ARE A VOTING MEMBER OF THE BOARD DURING THE PRIOR FISCAL YEAR THE CEOS AND THE CURRENT CHAIRS AND VICE CHAIRS OF THE ALSAC AND HOSPITAL BOARDS ARE NOT ELIGIBLE TO SERVE AS MEMBERS OF THE NOMINATING COMMITTEE ARTICLE VII OF THE ST JUDE BYLAWS WAS AMENDED TO CREATE ACTIVE AND INACTIVE EMERITUS STATUS ARTICLE VI, SECTION 1 OF THE ST JUDE BYLAWS WAS AMENDED TO MERGE THE AUDIT AND LEGAL & COMPLIANCE COMMITTEES INTO AN AUDIT & COMPLIANCE COMMITTEE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS ADDITIONALLY THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE FINALIZED DOCUMENT IS FILED WITH THE IRS EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM THERE IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST, WITH OPPORTUNITY FOR APPEAL TO THE FULL BOARD IN ADDITION, THE ORGANIZATION HAS A CHIEF COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY ALL SUCH EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE ANNUALLY THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS AND REVIEWS SUBMITTED DISCLOSURES DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS CHIEF EXECUTIVE OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CHIEF ADMINISTRATIVE OFFICER, CHIEF FINANCIAL OFFICER, CLINICAL DIRECTOR, CHIEF GOVERNANCE OFFICER/CORPORATE SECRETARY, CHIEF LEGAL OFFICER, AND CHAIR, DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE IN ADDITION, FIVE EMPLOYEES ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE FORMER EXECUTIVES OR RELATIVES OF CURRENT OR FORMER EXECUTIVES, AND THEIR COMPENSATION THEREFORE FALLS WITHIN THE COMPENSATION COMMITTEE'S PURVIEW ALL CHANGES TO OFFICERS' SALARIES ARE APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE BOARD THE LAST REVIEW WAS COMPLETED IN DECEMBER 2019 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS REQUIRED BY APPLICABLE STATE LAW |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 580,106,392 CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR RESTRICTIONS 90,106,130 |

| Return Reference | Explanation |
|---|--|
| ADDITIONAL HEALTH NEEDS IDENTIFIED | <p>IN ADDITION TO THE ACTIONS OUTLINED WITH THE PREVIOUSLY CONDUCTED 2015 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN, ST JUDE HAS ALSO CHOSEN TO ADDRESS THE FOLLOWING HEALTH NEEDS: PEDIATRIC HEALTH NEED (ALIGNING WITH AIM #1 OF THE CHNA) TRANSITION ONCOLOGY PROGRAM. HEALTH FACILITIES INVOLVED: ST JUDE CHILDREN'S RESEARCH HOSPITAL, ACT CLINIC, TRANSITION ONCOLOGY PROGRAM (TOP). ANTICIPATED OUTCOME: PROVIDE PROSPECTIVE, SYSTEMATIC, TRANSITION-RELATED SERVICES FOR ONCOLOGY PATIENTS ACROSS THE CONTINUUM OF CARE THAT WILL SUPPORT TRANSITIONS FROM ACTIVE THERAPY TO TREATMENT AND FROM TREATMENT COMPLETION TO ACT. ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED: 1. IDENTIFY AND IMPLEMENT APPROPRIATE MANAGEMENT AND OPERATIONS STRUCTURE, AND BEGIN STAFFING THE PROGRAM. 2. CLOSELY MONITOR RESOURCES TO STAFF THE CLINIC TO ITS FULLEST FORM, AND COMPLETE AN ASSESSMENT AFTER THE FIRST 18 MONTHS OF OPERATION TO ENSURE THAT THE PROGRAM IS MEETING ITS PURPOSE. 3. EVALUATE IMPACT ON INTERPRETER SERVICES, CLINICAL INFORMATICS, REHABILITATION SERVICES, CLINIC SPACE, HOUSING, AND TRAVEL COSTS. 4. EVALUATE RESOURCES IN ACT IN ANTICIPATION OF AN INCREASE IN ACT PATIENT VOLUMES. SELECTED ACCOMPLISHMENTS: PROGRAM IS FULLY OPERATIONAL (AS OF DECEMBER 1, 2018). IN THE FIRST 6 MONTHS, WE WORKED WITH 185 PATIENTS. - WE ARE NEARLY FULLY-STAFFED WITH THREE NURSE PRACTITIONERS, THREE SCHOOL LIAISONS, TWO SOCIAL WORKERS, AND A REHAB SERVICES COORDINATOR. OUR PSYCHOLOGIST WILL START SEPTEMBER 2019. - PRIOR TO THE END OF THERAPY, PATIENTS MEET THE NURSE PRACTITIONER NAVIGATOR FOR AN INTRODUCTION TO THE PROGRAM, HAVE INITIAL VISITS WITH PSYCHOLOGY, SCHOOL LIAISON (IF SCHOOL-AGE), REHAB COORDINATOR (IF APPLICABLE), AND NP NAVIGATOR. AT THE END OF THERAPY, PATIENTS MEET WITH SOCIAL WORKER AND NP NAVIGATOR. NP NAVIGATOR MAKES PHONE CONTACT WITH FAMILY TO PROSPECTIVELY ASSESS FOR CONCERNS BETWEEN APPOINTMENTS. SUBSEQUENT APPOINTMENTS WITH TOP TEAM MEMBERS ARE SCHEDULED AS NEEDED. PATIENTS WHO DO NOT RECEIVE PSYCHOLOGICAL TESTING AS PART OF THEIR TREATMENT PROGRAM ARE ELIGIBLE FOR ABBREVIATED TESTING TO SCREEN FOR COGNITIVE CONCERNS. - 18-MONTH ASSESSMENT PLANNED FOR JUNE 2020. - OUTCOMES AND MEASUREMENT STRATEGIES ARE STILL BEING DEFINED. PEDIATRIC HEALTH NEED (ALIGNING WITH AIM #3 OF THE CHNA) PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION (HEALTH STATUS OF THE MEMPHIS COMMUNITY). HEALTH FACILITIES INVOLVED: ST JUDE CHILDREN'S RESEARCH HOSPITAL. ANTICIPATED OUTCOME: INCREASE THE VACCINATION RATES FOR HPV. ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED: 1. IMPLEMENT GOALS, STRATEGIES, AND ACTIONS FOR AN HPV INITIATIVE. SELECTED ACCOMPLISHMENTS: THE ST JUDE TEAM LOOKED FOR OPPORTUNITIES TO NETWORK WITH EXPERTS IN THE FIELD INCLUDING ATTENDING EUROGIN 2018 INTERNATIONAL MULTIDISCIPLINARY HPV CONGRESS IN DECEMBER 2018 AND BECAME INVOLVED IN THE HPV NATIONAL ROUNDTABLE AND TWO OF ITS SUBCOMMITTEES, STATE COALITIONS AND INTEGRATED DELIVERY SYSTEMS (IDS). -</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| ADDITIONAL HEALTH NEEDS IDENTIFIED | <p>ST JUDE SERVED AS THE HOST SITE FOR THE INAUGURAL MEETING OF THE INTEGRATED DELIVERY SYSTEMS (IDS) TASK GROUP FROM THE NATIONAL HPV ROUNDTABLE ON JANUARY 24, 2019 REPRESENTATIVES FROM THE CENTERS FOR DISEASE CONTROL, HEALTH AND HUMAN SERVICES, AMERICAN CANCER SOCIETY (ACS) AND HEALTH SYSTEMS ACROSS THE COUNTRY GATHERED AT ST JUDE FOR A WORKING MEETING TO STRATEGIZE ON ENGAGEMENT OF IDSS TO INCREASE HPV VACCINE UPTAKE - WE WERE ALSO INVITED TO PARTICIPATE IN THE HPV STATE COALITION LEADERS MEETING AT UNIVERSITY OF ALABAMA, BIRMINGHAM (UAB) ON MARCH 4-5, 2019 - VOLUNTEERED TO AUTHOR A JOINT HPV VACCINE SUPPORT STATEMENT TO BE USED AS AN EDUCATION AND PARTNERSHIP BUILDING TOOL WITH LAWMAKERS/POLICY MAKERS IN TENNESSEE ON BEHALF OF OUR STATE COALITION MEMBERS THE DRAFT FOR THIS JOINT STATEMENT IS CURRENTLY WITH VANDERBILT INGRAM CANCER CENTER FOR REVIEW - ST JUDE WAS INVITED TO PARTICIPATE AS A PARTNER AT A CONGRESSIONAL BRIEFING TITLED "LET'S END HPV-RELATED CANCERS" IN WASHINGTON D C TO BE HELD ON JUNE 27TH SPONSORS INCLUDE AACR, MOFFITT CANCER CENTER AND THE BIDEN CANCER INITIATIVE THIS BRIEFING WILL BE FOLLOWED BY A TWO-HOUR STRATEGY SESSION HOSTED BY THE BIDEN CANCER INITIATIVE WHERE ST JUDE WILL HAVE A SEAT AT THE TABLE STRATEGY SUMMIT THE ALL-DAY INTERACTIVE MEETING WAS HELD ON MAY 6TH AT ST JUDE TO GUIDE STRATEGY AND IMPLEMENTATION OF THE HPV BLUE SKY INITIATIVE A TOTAL OF MORE THAN 60 INDIVIDUALS , INCLUDING INTERNAL LEADERSHIP, EXTERNAL EXPERTS AND LOCAL STAKEHOLDERS, PARTICIPATED IN THE WORKSHOP THE DAY FEATURED TALKS FROM INTERNATIONALLY RECOGNIZED EXPERTS IN HPV AS WELL AS IN-DEPTH FACILITATED SMALL GROUP DISCUSSIONS AMONG EXTERNAL, LOCAL AND INTERNAL STAKE HOLDERS DR MELISSA HUDSON WAS COMMISSIONED TO LEAD THE SEARCH COMMITTEE FOR THE FACULTY DIRECTOR OF THE INITIATIVE THE SEARCH COMMITTEE WILL MEET IN EARLY JULY TO BEGIN SCHEDULING ONSITE INTERVIEWS</p> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL
INC

Employer identification number
62-0646012

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. | | | | | |
|--|----------------------------------|--|---------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 47-4475625 | VACCINE MANUFACTURER | TN | 1,446,385 | 3,090,916 | ST JUDE CHILDREN'S RESEARCH HOSPITAL INC |
| (2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435 | ROYALTY INCOME FROM RECORD SALES | TN | 0 | 10,632 | ST JUDE CHILDREN'S RESEARCH HOSPITAL INC |
| (3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579 | ROYALTY INCOME FROM BOOK SALES | NY | 0 | 0 | ST JUDE CHILDREN'S RESEARCH HOSPITAL INC |
| (4) ST JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 81-3240987 | HIGHER EDUCATION | TN | 1,534 | 731,953 | ST JUDE CHILDREN'S RESEARCH HOSPITAL INC |
| | | | | | |
| | | | | | |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|--|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| (1)AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 ST JUDE PLACE MEMPHIS, TN 381053678 35-1044585 | SOLICIT SUPPORT FOR OPERATION OF ST JUDE | IL | 501(C)(3) | 7 | N/A | | No |
| | | | | | | | |
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| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2018

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
| | |